

SOCIAL WORK
YEAR BOOK
1947





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SOCIAL WORK YEAR BOOK

1947

A Description of Organized
Activities in Social Work
and in Related Fields

Ninth Issue

Editor

RUSSELL H. KURTZ



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1947

SOCIAL WORK
YEAR BOOK
1947

A Year Book of
Activities in Social Work
and in Related Fields
Presented by
the National Association of Social Workers

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PREFACE

THIS edition of the *Social Work Year Book* is the ninth in the series begun in 1929 and continued on a biennial basis since 1933. Each succeeding edition has been prepared and published independently of the others and may thus be consulted without the necessity of referring to earlier issues for background material. The *Year Book* is presented as a concise encyclopedia descriptive of organized activities in social work and related fields.

The present volume contains two major divisions: PART ONE, consisting of a group of 79 signed articles written by authorities on the topics discussed; and PART TWO, consisting of three directories of national and international agencies, whose programs are integral with or related to the subject matter of PART ONE.

The topical articles are descriptive of functions, organized activities, and programs, rather than of individual agencies. An attempt has been made to present a factual, cross-section view of organization and practice in the various fields as they appeared in 1946, with a minimum of historical background and of forecast. Important events occurring in the two-year period since the 1945 *Social Work Year Book* was published have been emphasized, particularly those resulting from immediate postwar developments. Coverage has been restricted to the United States except for three articles, CANADIAN SOCIAL WORK, FOREIGN RELIEF AND REHABILITATION, and INTERNATIONAL SOCIAL WORK.

In determining what fields to consider "related" to social work for the purposes of this volume, the editor has sought to include those whose practitioners share with social workers responsibility for service to a common group of clients and those whose problems and objectives sharply impinge upon the area of social work practice and interest. The article PUBLIC HEALTH NURSING may be cited as an example of the former type of inclusion; the article LABOR STANDARDS, of the latter. With "social work" itself a term of uncertain delimitation, it has been considered impracticable to designate articles as belonging exclusively to either the "social work" or the "related" group. It is believed, however, that the 79 articles taken as a whole do cover with considerable adequacy the wide range of social welfare interest and activity.

Inclusion of an article or description of a program carries no implication of endorsement; the only test applied by the editor has been that of relevance to the scope and purpose of the volume.

The audience of the *Social Work Year Book* is envisaged as including not only social workers and practitioners in related fields but also students of the social

Preface

sciences, legislators and public administrators, publicists, reference librarians, teachers, agency board members, and other interested persons, whatever their connections with governmental or voluntary social work may be. To the worker in a specialized field the articles should be helpful in providing current information concerning programs and activities in closely related areas. To the nonprofessional reader the volume should provide a broad basis for a better understanding of the social problems which so persistently challenge attention, and of the programs which have been devised for dealing with them.

The reconversion of social work from a wartime to a peacetime status has been attended by difficult problems. As the authors of the various articles point out, agencies have had to modify their programs to meet the needs of the postwar period—which are proving to be different, in many respects, from those of the peacetime decade preceding Pearl Harbor. During most of the 1930's the predominant facts facing social work were unemployment and the lack of security among citizens on the lower income levels. Social security legislation had made a good beginning toward providing some assurance of income to certain "dependent" groups—though not to the unemployed—when war intervened. Social work continued during the war period to serve its traditional "needy" clientele—dependent children, the aged, the handicapped—and in addition directed a large share of its service to a new group of people whose problems were caused by or connected with the war. These were the families of young men inducted into military service, the servicemen themselves—in training camp, field, and hospital—war workers, and entire communities as they organized for civilian defense and restricted living on the home front. These activities, reported in the 1943 and 1945 volumes, have now been superseded by programs of service to veterans, to former war workers seeking new employment and new homes, and to citizens generally as they strive for adjustments to the confused postwar situation. The authors of the articles in the present volume have not only reported these changes in considerable detail but have interpreted their significance and have sought to see where they may be leading in relation to the social work program of the future.

All authors of topical articles appearing in PART ONE were informed that they might use passages from previous *Social Work Year Book* articles without giving specific credit, and several have done so. Acknowledgment of indebtedness to earlier authors for this use of their material is hereby made by the editor on behalf of all the contributors to the present volume.

Each article contains a list of selected references to the literature of the subject discussed. These lists comprise a total of 1,211 separate books and pamphlets and 495 magazine articles—constituting in its entirety, it is believed, one of the most up-to-date and extensive social work bibliographies currently published. The reader

is directed to Appendix A for information concerning the names and addresses of the publishers of most of the periodicals listed in the bibliographies.

PART TWO, DIRECTORIES OF AGENCIES, is in three sections: NATIONAL AGENCIES—GOVERNMENTAL; NATIONAL AGENCIES—VOLUNTARY; and CANADIAN AGENCIES. The first of these sections lists 72 national governmental organizations in the United States whose functions are within or closely related to the field of social work. Many of these are discussed in the topical article FEDERAL AGENCIES IN SOCIAL WORK. It also includes 7 intergovernmental organizations in the health and welfare field. The second lists a total of 442 national (and international) voluntary organizations in the United States. (*See also* the article NATIONAL ASSOCIATIONS IN SOCIAL WORK.) The third, appearing for the first time in this issue, includes selected governmental and voluntary Canadian agencies. The inclusion of agencies in related fields greatly extends these directory lists but it is difficult to draw more restrictive lines without excluding organizations whose programs contain significant elements of social work activity or interest. As with the topical articles, agencies are included without endorsement of their programs or standards. Profit-making bodies have not been included, nor agencies financed by such bodies or established primarily to serve their interests, although it is recognized that important contributions to social welfare progress have been made by some of these organizations.

Topical articles and agency listings are self-indexed through being arranged alphabetically. A list of the topical article titles will be found in the TABLE OF CONTENTS on pages 3-4, and an identification of contributors on pages 11-14. The reader who does not immediately find the article he seeks is referred to the INDEX where, under the title he has in mind, he should find a reference to the title of the article for which he is looking as well as references to the national agencies whose work is significantly related to the subject in question. The INDEX also contains an alphabetical listing of all agencies included in PART TWO, and cross-references to these listings by functional rearrangement of titles. For example, the American Association for Adult Education is listed in the INDEX under both that title and the entry "Adult Education, American Association for."

The relatedness of articles in PART ONE will be readily apparent from the references made in them to other articles describing activities in the same or near-by fields. To illustrate: the article ADMINISTRATION OF SOCIAL AGENCIES contains cross-references at appropriate points to COMMUNITY CHESTS, COMMUNITY ORGANIZATION IN SOCIAL WORK, COUNCILS IN SOCIAL WORK, EDUCATION FOR SOCIAL WORK, LABOR AND SOCIAL WORK, PERSONNEL STANDARDS IN SOCIAL WORK, PUBLIC RELATIONS AND EDUCATION IN SOCIAL WORK, PUBLIC WELFARE, SOCIAL CASE WORK, and VOLUNTEERS IN SOCIAL WORK. Similar threads of cross-reference are woven throughout the entire group of articles in PART ONE.

Preface

Attention is called to the introduction in this issue of several new presentations of subject matter. Topics treated for the first time are CANADIAN SOCIAL WORK and PSYCHOLOGICAL TESTING IN SOCIAL WELFARE, and for the first time in recent years, ALCOHOLISM. Describing activities discussed in the 1945 edition under other titles are the articles ADOPTION; CHILD LABOR AND YOUTH EMPLOYMENT; COMMUNITY CHESTS; EMPLOYMENT PLANNING; FOSTER CARE FOR CHILDREN; GUIDANCE AND COUNSELING; MIGRANTS, TRANSIENTS, AND TRAVELERS; PERSONNEL STANDARDS IN SOCIAL WORK; PUBLIC RELATIONS AND EDUCATION IN SOCIAL WORK; RACIAL PROGRAMS IN SOCIAL WORK; SERVICEMEN; SETTLEMENTS AND NEIGHBORHOOD HOUSES; and VETERANS' BENEFITS AND SERVICES. Several previously discussed topics have been omitted from this issue although their subject matter has in general been included in other articles.

In planning and compiling the present volume the editor has had the help of an Advisory Committee whose names appear in the fore part of the book. The Committee has been of great assistance in numerous ways. It has not been asked, however, to take responsibility either for *Year Book* policies or for the final product, that responsibility resting solely with the editor. Since the editor also has delimited the subjects upon which the various contributors have written, he shares with them, to a degree that varies with the different authors, responsibility for the adequacy of treatment which they have been able to achieve within the space allotted to them. On the other hand, no general verification has been attempted in the *Year Book* office of data presented by the various contributors.

The editor's indebtedness to all who have assisted in the preparation of the volume is gratefully acknowledged. These include the Advisory Committee and other consultants, the contributors of the topical articles, correspondents who have furnished information for PART TWO, and the office staff.

Special acknowledgment is made of the valuable services rendered by Margaret B. Hodges, Assistant to the Editor, who participated in all phases of the book's planning and preparation and compiled the directories of agencies in PART TWO.

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TOPICAL ARTICLES

ADMINISTRATION OF SOCIAL AGENCIES. The term "administration" is used with various meanings. It is sometimes used so broadly as to be virtually synonymous with "operation," as in "the administration of public welfare"; in other cases it is restricted to the meaning of "management." Arlien Johnson, *infra*, suggests that administration is concerned with the interrelated factors of structure and function. She defines administration as "a process and method by which objectives of a program are transformed into reality through a structure and a mode of operation that make possible the coordinated and unified work of people in the movement toward the defined objective."

In this article "administration" is used broadly in the sense of the supporting or facilitating activities which are necessary and incidental to the giving of direct service by a social agency. Every social agency (with the possible exception of certain federal or state agencies which have purely administrative or supervisory functions) exists primarily to give some one or more forms of direct service (case work, group work, mass recreation, or institutional care) to consumers or "clients," or community organization service to other agencies or to the public. These *service* activities are the central function of the agency; they make up its *professional practice*.

In order to carry on these direct service activities effectively, however, it is necessary to carry on also a host of supporting or facilitating activities which are not in themselves direct service but which are necessary and incidental to the production of direct service. These *administrative* activities range all the way from the determination of function and policies, over-all planning, executive leadership, and professional supervision to routine operations such as dictating letters, keeping records and accounts, and carrying on "house-keeping" and maintenance services.

The Tasks of Administration

If administration is thus defined as consisting of supporting or facilitating activities, the following nine major functional aspects or tasks of administration may be identified:

1. The determination and clarification of objectives, functions, and policies. The objectives of an agency include both its long-range purposes and its more immediate goals. Its functions are the tasks which it undertakes to perform, the services which it seeks to give: for example, public assistance, family service, foster family placement, institutional care and treatment for mental patients, provision of a "Scouting" program for boys or girls, operation of a neighborhood center, or joint financing for a group of voluntary welfare agencies. A policy is a general rule of action. It may relate to a matter of basic social principle, such as providing service without respect to race, creed, or national origin; or it may be concerned with a matter of expediency, such as giving compensation in money or time for overtime work.

2. The mobilization and maintenance of resources — personal, financial, material, even psychological — to the end that the agency may carry out its purposes and fulfill its functions effectively. The initial mobilization of resources is only the first step; the resources must be kept mobilized and maintained in effective relation to each other.

3. The development of program. The current program of an agency is the sum of the services which it offers currently. Such a program should be dynamic and fluid, not fixed or static. It is affected by needs in the community, quality of staff personnel and supervision, adequacy of budget, staff morale, community understanding, and many other factors. Leadership in the progressive development of a sound and effective agency program is one of the major tasks of administration. It is one of

Administration of Social Agencies

the points also where administration and community organization tend to converge.

4. Organization and coordination. Organization is essentially the conscious integration of human effort for a definite purpose. Coordination, the holding together of the parts of an enterprise and the encouragement and production of teamwork, is the central aspect of organization. Because administration is fundamentally a matter of partnership on the part of various persons and groups, this aspect of administration is basic.

5. Leadership, direction, and supervision. Authority and responsibility are administrative realities. Social welfare administration need not and should not be "authoritarian" in tone; administration at its best is based upon willing cooperation and voluntary participation. Nevertheless there is the necessity for making definite decisions, for giving instructions, and for supervision, which involves responsibility for certain final judgments, actions, and evaluations as well as for teaching and sharing in professional thinking. Beyond mere direction is the function of creative leadership, what Ordway Tead calls the stimulation and energizing of the personnel as a whole.

6. Planning, standardization, and evaluation. Planning is "going through a job in imagination, beforehand"; it is the formulation of intended future action. Standardization is concerned with the defining and establishing of definite criteria for personnel, performance, services, and materials such as records. Evaluation is the process of reaching judgments on the basis of a comparison of actualities with standards.

7. Recording, accounting, and related activities. Any enterprise which continues for any length of time and which involves the cooperative effort of a number of persons requires the production, use, and filing of various sorts of records relating to personnel, finances, services rendered, and so forth.

8. Processing, or routine procedures. "Processing" is a word which has come into increasing use to designate the chain of steps involved in the production of some unit or piece of material or the carrying out of some pro-

cedure through a series of standardized or routine steps. In this sense a social agency may process an application for membership, a contribution, an inquiry of the social service exchange, a bill presented for payment, a change of address of a client. The term has a somewhat mechanistic connotation and it can be applied appropriately only to materials — never to individuals. Nevertheless, processing does represent one of the typical tasks of administration — the operation of routine procedures. Processing is closely allied to and intertwined with recording.

9. Public relations. In the broadest sense, public relations would include not only interpretation, publicity, and money raising but all contacts with outside groups and with the public in general. The public relations function of administration is, broadly, the development of satisfactory and effective relationships between the agency and outside groups. *See PUBLIC RELATIONS AND EDUCATION IN SOCIAL WORK.*

Some Characteristics of Administration

The examination of these tasks of administration suggests certain comments:

1. According to the present view of administration, all members of the staff, as well as members of the board and volunteers, participate in administrative activities. Some employes, such as members of the clerical and maintenance staff, spend all their time on these supporting or facilitative activities. So also do the executive and his chief assistants; but the type of facilitative activities with which they are concerned is called "management."

2. The administration of a social agency is dependent upon and is related at every point to the content of the service program of the agency — case work, group work, and so forth. Administration does not take place in a vacuum. While it is certain that there are concepts, principles, and methods of administration that apply to widely different fields — government, the church, military organization, business, social work — yet administrative leadership in social work or any other given field cannot safely be divorced from an intimate and technical knowledge of the unique content of that field. For example, in a

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case work agency, intelligent administrative decisions upon the number of case workers needed, a proposed limitation of intake, a suggested simplification of records, or the salary to be paid for a supervisor, all involve a fairly intimate understanding of the case work process and what it means to people who are in need of help.

3. It should be evident that, fundamentally, administration deals with human beings. Administration is not an impersonal process of drawing blueprints or manipulating pawns on an organizational chessboard; it deals, at every point, with human beings and human relationships, and the social work executive has fully as much need as the case worker for understanding the dynamics of human behavior.

4. While certain administrative activities are clerical or routine in function, yet other aspects of administration, including the executive and supervisory functions, call for some of the deepest insights, the highest skills, and the most creative contributions that are to be found in the professional practice of social work. Executive administration is a professional function.

It is, of course, obvious that administration relates to both governmental and voluntary agencies; and many administrative problems, principles, and methods are common to both. Public welfare administration is a subdivision of the broader field of "public administration" or general governmental administration. Some of the important aspects of public welfare administration are: the problem of the number of agencies to be established and maintained, the distribution of the social services, and the degree of integration of agencies on the various levels of government, including the important current problem of a "federal department of welfare"; problems of structural organization, and the relative utilization of the single-headed executive form of organization, of directive boards, and of advisory boards; the operation of civil service merit systems and the relationships of operating agencies to public personnel bodies; problems of centralization and of the degree of control or supervision to be exercised by state agencies over local agencies, and by federal over state; problems re-

lating to the allocation of financial responsibility among the various levels of government and to the administration of grant-in-aid programs; the operation of far-reaching mass programs; and the problem of uniting sympathetic and understanding service and individualization of treatment with the necessity of making wide use of standardized routine procedures. *See PUBLIC WELFARE.*

Areas of Content

The tasks or functional aspects of administration described above are carried on, for the most part, in relation to six areas of administrative content: structural organization; personnel; plant, equipment, and supplies; fiscal administration; office operations; and extra-agency relationships.

1. Organization. Social work is carried on almost exclusively through agencies — that is, through organizations. An organization consists of various elements. The typical elements of the organization are as follows, although all of them are not present in all agencies:

(a) The group of ultimate control is the group which in the final analysis can control the agency or its program. In the case of a governmental agency, in a democracy, the group of ultimate control is always the voters — local, state, or federal — because the line of authority can always be traced back to some elective official or officials; appropriations are voted by elected legislative bodies; and the very existence of the agency goes back ultimately to some statute or occasionally to a constitutional or other enactment adopted by the people. In the voluntary agency the members or contributors are the group of ultimate control if they elect the governing board. However, with the widespread growth of community chests, the tendency has been for the membership groups in many or most voluntary agencies to disappear; and it is probable that a large proportion of the boards of voluntary agencies are now self-perpetuating. This poses a serious and unsolved administrative problem: the self-perpetuating board may easily become an undemocratic "closed corporation," and certainly the ultimate control of the contributors or the public becomes more remote. This is true since such control rests not upon formal voting power but rather upon the pos-

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sibility of bringing informal pressures upon the agency, the council of social agencies, or the community chest. In the last analysis, it rests upon the power of the public to support or refuse to support the agency. *See COMMUNITY CHESTS AND COUNCILS IN SOCIAL WORK.*

(b) The voluntary agency usually has a governing ("directive") board which normally appoints and dismisses the executive, makes broad decisions regarding program and policy, adopts the agency's budget (usually for presentation to the community chest), authorizes and approves expenditures, and participates in public relations and money-raising activities.

In the governmental field varied patterns of organization are found. There may be a directive or policy-determining board, with an executive appointed by the board; or a single executive without any board; or an executive with an advisory board, which has power to advise and recommend but not to determine policies or make decisions; or there may be the outmoded type of administrative board which is at once a policy-determining body and a plural executive. Members of public boards may be appointed by some public authority, they may be officials who serve *ex officio* on the board, or they may be elected; or some combination of these methods may be used. The executive is usually appointed, but occasionally he is elected or serves *ex officio*.

(c) The executive is the chief administrative officer of the agency. As the agent of the board he is primarily responsible for management and for carrying into effect the program and policies adopted by the board; he stands midway between board and staff and has the delicate task of seeking to interpret the thinking of each group to the other; he is normally the trusted adviser of the board and the initiator of many proposals in regard to program and policies; and upon him, primarily, devolves the responsibility and the opportunity for creative leadership in the agency.

(d) The staff may be made up of subexecutives and supervisors, as well as professional social work practitioners, clerical and maintenance workers, and occasionally representatives of other professions — physicians, psychiatrists, psychologists, lawyers, accountants, teachers, and so forth. In some cases all or some members of the staff may be members of a labor union, and in some instances the union may negotiate a formal contract with the agency. *See LABOR AND SOCIAL WORK.* In many

instances vital staff participation in the operation and development of the program of the agency may be attained through the media of staff meetings, staff committees, and other devices.

In many agencies the employed staff is augmented by volunteers who may perform a great variety of functions and who may make a unique contribution to the partnership of professionals, nonprofessional workers, and lay citizens that underlies modern social work. *See VOLUNTEERS IN SOCIAL WORK.*

Generally speaking, and with some notable exceptions (particularly in the field of recreational-educational agencies) the "consumers" of social service, or "clients" as they are frequently called, are usually not related in a formal way to the organization of social agencies. During the depression of the 1930's, organizations of clients frequently operated as "pressure" groups and negotiated with unemployment relief agencies; and there have probably been isolated instances of advisory committees of clients or perhaps even representation on boards. In general, however, the principle of consumer representation or cooperative consumer organization has not yet been widely established in social work.

Back of any formal group of ultimate control is the public; and, in the last analysis, any agency, governmental or voluntary, is ultimately subject to the force of aroused public opinion and the expression of the democratic will.

Among the problems of organization in social agencies are the functions and relationships of the various elements in the organization, as named above; the operation of committees, which are a tool of major importance in administration as in community organization; the internal organization of the agency, and the establishment and operation of departments, districts, and branches; the creation and maintenance of line, staff, and auxiliary services; and the provision of field service to branches or to local supervised agencies.

2. Personnel. There are no more important administrative problems than those connected with personnel. The quality of the agency's service is related directly to the number and competence of the employed personnel. The

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agency's basic personnel relationships are defined in its personnel policies concerning such matters as employment, salaries, tenure, vacations, grievance procedure, retirement, and so forth. It is sound practice for an agency to formulate a comprehensive written statement of personnel policies, with staff participation; and to see that this statement is always accessible to all members of the staff. The set of personnel practices recently formulated by the American Association of Social Workers, *infra*, and recommended by the Association to social agencies establishes a carefully thought out and much needed set of standards in this area of administration.

Personnel administration involves carrying into effect the personnel policies; recruiting and employing staff members; carrying on any in-service training program; applying general policies to specific situations, and making necessary adjustments; maintaining personnel records; and carrying on other related activities. Particularly in the area of social case work, there have developed a philosophy and a substantial body of experience and methodology in respect to professional supervision of social work practitioners. *See SOCIAL CASE WORK*. There is a growing emphasis upon the establishment of standards of performance; and the formal written evaluation of the worker's performance, at regular intervals, in the light of such standards, is becoming more and more a part of the accepted procedure in progressive agencies.

While social agencies have few "job analyses" in the full technical sense of that term, much use is made of job descriptions and job and class specifications, and these are frequently recognized as basic tools, particularly in relation to employment procedure.

Where a civil service merit system is in effect in the public field, personnel administration operates within the framework of this system. Such a system, designed to secure and retain qualified personnel in the public service, generally provides for job and salary classification, selection on the basis of competitive tests, security of tenure during continued efficiency up to the age of retirement, and insulation of

members of the classified service from political activity and political pressure.

Within the past few years there has been a growing interest on the part of certain community chests and councils of social agencies in the establishment of comprehensive systems of job and salary classification to apply to at least the member agencies of the chests. This development has gone farthest in Detroit, where a plan covering most positions in the chest agencies has been in operation since January, 1943. *See PERSONNEL STANDARDS IN SOCIAL WORK*.

3. Plant administration, equipment, and supplies. This area of administration refers to such matters as the location of the agency, layout of offices or other quarters, installation and maintenance of equipment, the procurement, storage, and issuance of supplies, and maintenance of satisfactory physical working conditions. In an institution, plant administration becomes a major problem because of the requirements of mass housekeeping caused by the fact that clients or inmates eat, sleep, and live in the institution. Another aspect of plant administration is encountered in a building such as a large Young Men's Christian Association or Young Women's Christian Association, where there may be an auditorium, gymnasium, swimming pool, recreational equipment, and meeting rooms, as well as a cafeteria, dormitory, and other public services.

4. Fiscal administration and controllership. This term covers the operations of budgeting, financial administration, and financial and service accounting.

5. Office administration. This includes office organization; the provision of clerical services; the production, use, and maintenance of records and reports; filing; the handling of supplies; and the operation of various types of office equipment. An office annual or organization handbook is an important tool of administration which is being increasingly used by well-administered agencies. Such a manual may include material relating to the objectives, functions, history, program, and organization of the agency; its general policies and its personnel policies; job and salary classifications; administrative sequences and procedures; and standard practices for routine operations.

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6. Extra-agency relationships. This area of administration includes the agency's relationships to other agencies, to coordinating and welfare planning bodies, to other civic and community groups, to consumers, to actual and potential contributors, and to the public. Many of these activities involve also the use of the process of community organization. *See COMMUNITY ORGANIZATION IN SOCIAL WORK.*

Aside from the writings of Elwood Street and a few other authors, comparatively little attention has been given to the self-organization and personal efficiency of the individual worker in social work. There appears to be a growing interest, in social work as in other fields of administration, in the analysis of the functions, responsibilities, and techniques of the executive, and in the vastly significant subject of the dynamics of organization, administration, and leadership.

Development of Social Welfare Administration

The history of social welfare administration is a fascinating but almost untouched field. One reason for this is the fact that administration is almost always a secondary interest: the social worker is, naturally and properly, concerned primarily with direct service programs, methods, and problems, and only secondarily with administration. In the early days of social work, administration was not ordinarily distinguished from direct service nor thought of as a separate function. Francis H. McLean's pamphlet, *The Formation of Charity Organization Societies in Smaller Cities* (Russell Sage Foundation, 1910) was one of the early contributions to the literature of the subject.

By 1914 a course in administration was offered in at least one school of social work. The teachers of the early courses had to adapt much of their material from the literature of administration in other adjoining fields.

Greater attention was focused on organization and administration by the extensive social welfare program developments of World War I, and later by the depression of the 1930's and by World War II.

Between 1920 and 1935 the foundations of a technical literature were laid. For a time an

informal Cooperative Committee on Administration and a special department in *The Survey* magazine stimulated interest in the subject among executives and others. Certain national agencies, such as the National Council of the Young Men's Christian Associations, the National Board of the Young Womens Christian Associations, and the Family Welfare Association of America (now the Family Service Association of America), made substantial contributions in developing administrative standards and literature in their respective fields.

The depression and the extensive public welfare programs which followed it brought social work face to face with the realities of mass organization and administration and the necessity of administrative competence. Out of the depression arose the union movement in social work, and there was increasing concern regarding the economic security and working conditions of employes of social agencies. The recent organization of the National Health and Welfare Retirement Association, establishing a system of retirement insurance for employes of voluntary welfare agencies, is one of the landmarks in the history of social welfare administration. This system went into operation on October 1, 1945. By June, 1946, 850 local agencies and 7,000 individuals were members of the Association.

The teaching of administration gradually gained an established place in progressive schools of social work. Some schools developed administrative case materials for teaching purposes and offered field work in administration for selected students. In 1944 the American Association of Schools of Social Work adopted a report which included administration among eight "areas of subject matter . . . basic in the practice of social work in any area"; and the Association has likewise recently appointed a committee to study the problems of training in administration. *See EDUCATION FOR SOCIAL WORK.*

In 1946 the National Conference of Social Work, for the first time in the seventy-two years of its history, had a program section on administration. The first meetings of this section included discussions of such varied topics

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as the process of administration, the dynamics of leadership, salaries, job classification, boards, public relations, organized labor and social work, civil service, program development, and problems of retirement planning.

Some Standards of Administration

No authoritative set of "administrative yardsticks" or standards has ever been officially established or adopted in social work; yet it seems probable that the following principles are generally recognized as being in accordance with social work experience, and that they would receive wide assent among well-administered social agencies:

1. The agency's objectives and functions should be clearly defined.

2. The agency's program should be based upon actual needs; it should be limited in scope and territory to a field in which the agency can operate effectively; it should be related to the social welfare needs, patterns, and resources of the community; it should be regarded as dynamic rather than static; and the program should change to meet changing needs.

3. The agency should be soundly organized. This would include a clear distinction between policy making and execution; cooperative and creative relationships between board, executive, and staff; unity of command, that is, administrative direction by a single executive; logical allocation of functions in accordance with a general plan of administration; clear and definite assignments of authority and responsibility; and effective coordination of all organization units and staff members.

4. Staff members should be employed on the basis of qualifications for their jobs. Staff personnel should be adequate in quantity and quality to the needs of the agency. Employees should be paid adequate salaries. The agency should operate on the basis of good working conditions and sound personnel policies.

5. The agency should be located effectively from the standpoint of its functions; it should have adequate space, and equipment and supplies adequate in quantity and quality to its needs.

6. The agency's funds should be regarded

as trust funds, to be administered in a sense of stewardship to those from whom the funds are received and to the community. The agency should operate on the basis of an annual budget; it should have an adequate accounting system; its accounts should be audited annually by a competent disinterested professional accountant; the sources of funds and methods of money raising should be appropriate to the nature and needs of the agency.

7. The agency should maintain adequate records. Records should be accurate, as comprehensive as necessary for the purpose yet as simple as possible, filed so as to be readily accessible when needed, and properly protected and safeguarded.

8. Clerical and maintenance services and facilities should be adequate in quantity and quality and efficient in operation. The agency should have an office manual or organization manual as a textbook for new staff members, and a handbook of operation.

9. The agency should avoid isolationism and should be an active and contributing participant in the social welfare services of the community. It should have constructive working relationships with appropriate local, state, and national bodies.

10. All who are connected with the agency should develop attitudes and methods of work which will build sound public relations. The agency should have a definite program of education and interpretation. The agency should seek to develop a constituency which will have a real understanding of the needs which the agency is trying to meet, and of the agency's objectives, services, and problems.

11. The work of the agency should be characterized by a basic desire to serve human beings; an understanding of the individuals whom it seeks to serve, and of their needs; a spirit of freedom, unity, and democratic participation in a common adventure in human service; and a sense of creativeness, movement, and growth.

12. At appropriate intervals, probably once a year, the agency should put itself to the test of a self-appraisal which would take stock of such matters as the successes and failures of the past year, the present status of the agency and

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its program, its performance as measured by objectives and established criteria, its strengths and weaknesses, its current problems, and the next steps that it ought to take.

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ARTHUR DUNHAM

ADOPTION is the act by which the relations of paternity and affiliation are legally established between persons not so related by nature. Adoption also has a popular meaning, apart from its use in the law, as it has frequently been applied to taking a child, not one's own, into the family and rearing it. Recently the term "adoption" has also been used to describe a personal or financial responsibility assumed by one person for another. For instance, the term has been used when an individual or group has assumed some financial responsibility for a child in a foreign land. This practice has increased since the end of the recent war, due to the severe deprivations children in other countries have had to endure.

The legal adoption by one person of the offspring of another was unknown to common law and, in the sense in which the term is used in the United States, was not recognized in England until the enactment of an adoption statute in 1926. It was recognized, however, by the Roman law, and exists in many countries

¹ For addresses of periodicals listed, see Appendix A.

on the continent of Europe which derive their jurisprudence from that law. It was long ago introduced, from the law of France or of Spain, into Louisiana and Texas, and more recently at various times and by different statutes, into all of the other states. Of the states whose jurisprudence is based on the common law, Massachusetts seems to have been the first to enact statutes relating to adoption (in 1851). It is child adoption which is discussed here, although there is legal provision for the adoption of one adult by another.

Legislative and Social Aspects

Since it was unknown to the common law, adoption exists in the United States only by virtue of statute. Laws relating to adoption, many of which have been on the statute books for nearly one hundred years, vary widely in the different states. Interest in providing adequate legal safeguards for adoption and related procedures is widespread. These cannot be said, however, to be generally provided, although some 40 states have improved their adoption laws within the past seven or eight years and certain gains have been made.

Although the statutes in a few states provide for adoption by deed or declaration, it is generally required that adoption shall be by judicial proceedings in a court of competent jurisdiction.

Unless the rights of the natural parents of the child have been terminated by court order, it is generally required that they give their consent to the adoption. This they do either through formal relinquishment to an agency or by direct consent to the adopting parties. Some state laws permit adoption without the consent of a parent who is insane or otherwise incapacitated for giving consent, is imprisoned, has wilfully deserted and neglected to provide proper care and maintenance for the child, or for other specified reasons. The mere fact that the parents of the child have been divorced does not, as a rule, do away with the necessity for securing the consent of both parents.

When a child has no parent or guardian legally capable of consenting to adoption, consent by the state welfare department is re-

quired in five states (California, Kentucky, Vermont, Virginia, and Wisconsin), and by the state welfare department or an agency appointed as next friend in one state (New Jersey). In four states (Alabama, Delaware, Minnesota, and North Dakota) consent may be given by the state welfare department.

In the laws of 38 states, the District of Columbia, and Hawaii, provision is made for a social investigation and a report to the court after the petition for adoption is filed. Twenty states and the District of Columbia specify that the state department of public welfare is to make or arrange for the investigation; in 14 states the court is to make or arrange for the investigation; in four states and Hawaii an investigation is discretionary with the court.

Another desirable feature in recent adoption legislation has been a required residence period for the child in the adoptive home. This is now required by 32 states and the District of Columbia. The residence period varies from three months to a year, but that most frequently required is six months. In one state (Indiana) the length of the period is discretionary with the court. Supervision during the period of residence is required in a number of states. Many states provide that the residence period may be waived or reduced by the court for good cause.

There has been a growing recognition in law of the importance of protecting the child from indiscriminate placing either by his own parents or by other individuals. It is at the point of placement that social and legal safeguards are most needed to insure the protection of the child and the suitability of the placement. Many adoptions result from placements by legally authorized child-caring agencies in whose care children have been placed by their parents or to which they have been committed by courts. Many adoptions, however, have been arranged by organizations and individuals whose main purpose appears to be to provide children for persons wishing to adopt them. Unregulated placement is a source of danger to children, not only because persons unable to provide properly for their care may be given control over them but also because separation from the natural parent or

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parents may occur without due consideration of the legal and social rights of the child and parent. Therefore a few states prohibit the transfer of parental guardianship or control of children without an order of the court or approval of the state welfare department.

In order to safeguard the welfare of the child, the rights of the natural parents, and the security of the adopting parents, certain fundamental principles are considered essential. These were recommended in the 1946-1947 federal-state program for legislation developed by the Council of State Governments and various federal administrative agencies in cooperation with the Department of Justice:

1. Adoption proceedings should be held before a court accustomed or qualified to handle children's cases, in the locality or state where the petitioners for adoption reside.

2. Consent to adoption should be obtained from the natural parents or, if their parental rights have been legally relinquished or terminated or if there is no parent, from the person or agency legally authorized to consent to the adoption.

3. The court in every proposed child adoption should have the benefit of study and recommendations by the state welfare department or an agency designated by it. The department or the agency should have the right to appear at the hearings.

4. Court hearings should be closed to the public and the confidential nature of the records should be assured.

5. A period of residence in the adoptive home, preferably one year, should be required prior to issuance of the final adoption decree, so that the suitability of the adoption may be determined.¹

Legal Effects of Adoption

As a result of the establishment of a new legal relationship of parent and child, the child usually takes the name of the adoptive parents; the adoptive parents are entitled to the child's custody and to his services and earnings during his minority; the child, in turn, is entitled to support, care, and education from the adoptive parents; and the child and adoptive par-

ents may inherit each from the other. A few states expressly provide that adoption shall not prevent a child from inheriting from his natural relatives. However, it is the general rule that natural parents do not inherit from a child who has been adopted by another.

The adoption of an alien child by a citizen does not confer citizenship upon the child. Certain conditions are prescribed under which an adopted child may be naturalized before reaching the age of eighteen years, upon the petition of the adoptive parent or parents. Especially during and since the recent war a number of European and Canadian children have been adopted by citizens of the United States, but the children remain noncitizens until naturalization proceedings are held.

Volume of Adoption Petitions

Late in 1945 the United States Children's Bureau obtained information from 22 states on the number of children for whom adoption petitions had been filed in 1944, and on selected identifying data relating to the children and their placements.

These 22 states, representing all sections of the country, reported a total of more than 16,000 children for whom adoption petitions had been filed. On the basis of these data it is estimated that such petitions were filed for approximately 50,000 children throughout the country in 1944. In proportion to the population under twenty-one years of age in the state, the number of children for whom petitions were filed in Oregon was more than nine times that in North Carolina, the states reporting the highest and lowest rates, respectively.

One of the most significant developments in the field of child welfare has been the great increase in adoptions during recent years. An earlier Children's Bureau report by Mary Ruth Colby, *Problems and Procedures in Adoption* (*infra*), furnishes comparable statistics for six states on adoption petitions filed in 1934. In most of these states the number of children for whom adoption petitions were filed in 1944 is more than three times as great as in 1934.

Increase in adoptions by stepparents underlies the great increase in adoptions, although adoptions by other relatives and by persons not

¹ Council of State Governments. *Suggested State Postwar Legislation, Federal-State Program for 1946-1947*. 183 pp. Chicago. 1945.

related to the child also have increased markedly during recent years. In the six states¹ for which comparable data are available the proportion of children being adopted by stepparents increased from 17 per cent in 1934 to 41 per cent in 1944.

The great increase in stepparent adoptions undoubtedly represents in part war-stimulated legalization of family relationships that in many instances had existed in fact for years. Benefits for legal dependents of military personnel as well as recent laws relating to public insurance benefits and dependency allowances of various sorts have tended to influence families to give their foster children greater security by means of legal adoption.

Detailed information available for 15 of the 22 states indicated that slightly more than a quarter of the children for whom petitions were filed in 1944 had been placed in the adoptive home by a placement agency; another quarter had been placed, without the aid of an agency, by parents, friends, relatives, physicians, lawyers, or others; and the remainder were being adopted, without the aid of an agency, by relatives or by persons with whom the child had been living.

Characteristics of Children and Adoptive Parents

From the recent Children's Bureau study mentioned above it appears that 42 per cent of the children for whom petitions were filed in 15 of the 22 states in 1944 (for which detailed information was available) were born in wedlock; in 4 states they outnumbered the children born out of wedlock. More than half (55 per cent) of the children born in wedlock came from homes that had been broken by divorce, desertion, or separation; and 32 per cent had lost one or both of their parents by death.

Most of the children being adopted are very young, as is indicated by the age distribution of the children for whom this information was available in the 15 states previously mentioned. Sixty-two per cent were under six years of age at the time of the filing of the petition. Twenty-six per cent of the children were from

six years of age to fourteen years of age at the filing of the petition; and 12 per cent were between fourteen and twenty-one years of age. Inasmuch as almost half of these children were being adopted by stepparents or other relatives (and these children generally are older than others being adopted), the proportion of young children being adopted by nonrelated persons was even greater than is indicated by these figures.

The natural parents of nearly 300 children who were being adopted were married and living together at the time the petition was filed. Earlier studies and experiences of child-placing agencies have indicated that in some similar situations limited financial resources, together with a large number of children, have influenced some parents to consider adoption as a means of providing care for one or more children. Other situations in which children born in wedlock are adopted include those in which one or both parents were in ill health or in which the parents had been married shortly before or after the birth of the child and were influenced by social disapproval of this situation.

More than two-thirds of the children placed independently of an agency in the 15 states (exclusive of those being adopted by relatives independently of an agency) were born out of wedlock. For the unmarried mother, as well as for the adopting parent, the attractive feature in these independent placements usually is the speed and secrecy with which the arrangements are consummated. That these placements are usually arranged with the best intentions does not mitigate the disastrous outcomes which may result.

Information regarding the age and economic status of adoptive parents was not included in the report of the Children's Bureau for 1944. In the 1934 study it was found that adoptive parents on the whole are older than the average own parent. The greatest number of foster mothers studied were between the ages of thirty and forty years, 50 per cent of those for whom the ages were reported being in this age group, and only 21 per cent under thirty years of age. A study of Ohio adoptions in 1938, by Kathrynne Mullinnix, *infra*, gave

¹ Alabama, Minnesota, New Mexico, North Dakota, Oregon, and Rhode Island.

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similar findings. The median age of the non-related petitioners was about thirty-eight years for the men and thirty-five years for the women; for the petitioners who were relatives the median age was about forty-eight years for the men and forty-six for the women. For stepfathers, who constituted most of the step-parents adopting, the median age was about thirty-four years.

As to the economic status of adoptive parents, the Ohio study estimated the degree of financial security of nonrelated petitioners as follows: dependent, 9; marginal, 120; adequate, 254; comfortable, 132; affluent, 17. In 140 cases the court had no information regarding the economic status of the petitioners.

Current Trends

Increasing awareness of the importance to the child of having full consideration given to the social aspects of adoption is reflected in a number of developments. There is growing recognition of the need for close cooperation by physician, court and attorney, and the trained child welfare worker, when a child must be provided for by others than his own parents.

Realization by social agencies that good adoption practice is interwoven with the adequacy of other social services—to the unmarried mother and her child, to families and children in their own homes, and to children from broken homes—is resulting in closer integration of all case work services for children.

Considerable progress has been made during the past few years toward bringing adoption laws into harmony with recognized principles of child protection. Since there is a close relationship between good adoption laws and practice and other laws, such as those pertaining to the transfer of parental rights, protection of birth records, determination of legal guardianship and responsibility of the guardian, and placement of children in foster family homes, these laws are being given consideration along with adoption laws.

As it has become more important in recent years for a child to have evidence of his birth, age, and citizenship, many states are making

provision for reporting all adoptions to the state registrar of vital statistics so that a record of birth in the adoptive name may be obtained. A birth card showing only the name, date and place of birth, and some means of identifying the original certificate is now available in eight states.¹ Many state registrars of vital statistics also issue, when the law so provides and upon the request of the adopting parents, a new birth certificate for the adopted child in the name of the adopting parents.

Significant in the control of independent adoptions is the greater part played by governmental agencies. In the past, the majority of adoption placements by agencies have been made by voluntary agencies, but in many communities they have insufficient funds and facilities to meet the total needs of children available for placement in adoptive homes. As the state departments of public welfare have been required to make investigations at the time the petition was filed, the extent of the problem of independent placements has become better known. This has increased the efforts of welfare agencies to protect the child at the point of placement, rather than to enter the situation after he has been in the home for a considerable period. Public welfare agencies now make services available locally to own parents and prospective adoptive parents.

The state welfare department represents the state's responsibility for protecting the interests of all children who stand in need of social safeguards, and gives active and constructive leadership in the development of protection for children in adoptions. It develops standards, assists communities in working out their problems, and cooperates with other welfare departments in interstate situations.

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¹ The eight states are California, Georgia, Mississippi, Nevada, Ohio, Oregon, Tennessee, and Washington. One city, New Orleans, also has adopted this method and several more states are planning on doing so.

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I. EVELYN SMITH

ADULT EDUCATION.¹ Interest in adult education, which has been described as embracing "all the activities with an educational purpose that are carried on voluntarily by people engaged in the ordinary business of life," has mounted steadily since the close of the war. A nation-wide public opinion poll, taken shortly before the end of the conflict, revealed that more than a third of the people in this country wanted to participate in adult education activities of one kind or another in the postwar period. These expressions of desire seem to have been made in earnest, for the broad expansion in enrollments that has taken place in all types of part-time education

activities during the past two years now makes it appear that this early estimate may have been conservative.

The movement for adult education, now assuming such an important role in American life, has roots which go far back into the history of the country. It was manifest in the old New England town meetings, which as early as the seventeenth century provided a model for many modern community forums, and in the agricultural and mechanical institutes that emerged in the early nineteenth century to train the farm populations swept into the cities by the industrial revolution. It enjoyed a brief flowering in the lyceum movement that gained wide popularity in the 1830's and 1840's.

Although the movement suffered a setback in the reconstruction period following the Civil War, it began to flourish anew in the last quarter of the nineteenth century. The Centennial Exposition in Philadelphia in 1876 not only provided a setting for the organization of the American Library Association — and the consequent birth of the free public library movement — but it also gave an educational impetus to museums. This same decade saw the foundation of the Chautauqua Institution, a venture in popular education which was so successful that in imitation many traveling chautauquas were formed to serve various parts of rural America. These prospered until the good roads and rapid transportation developed after World War I reduced the need for these institutions. In the 1880's the university extension movement, modeled after the extramural activities of the English universities, Oxford and Cambridge, got underway in this country. At about the same time another institution, the social settlement (also transplanted from England), made its appearance here.

In 1914 the federal government entered the adult education picture for the first time when Congress passed the Smith-Lever Act establishing the agricultural Extension Service in the United States Department of Agriculture. See RURAL SOCIAL PROGRAMS. Three years later, following our entry into the first World War, Congress passed the Smith-Hughes Act making federal funds available for instruction

from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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in vocational education. These subsidies, expended through the state systems of secondary education, were at that time used primarily for the training of young adults needed in the country's war industries. At the close of the war, however, the subsidies were continued and were increased materially during the depression of the 1930's, when Congress passed the George-Deen Act making federal funds available for training adults in the so-called distributive trades.

This whole program of federally financed vocational training was again greatly expanded during the national crisis precipitated by the outbreak of World War II. In 1940 a Defense Training Program (later called the Vocational Training for War Production Program) was set up with funds provided through the United States Office of Education which in the next five years trained some 7,600,000 persons. To supplement this program, federal subsidies were made available to the universities with which to provide instruction in technical skills. Known as the Engineering, Science and Management War Training Program, these courses were designed to overcome shortages of technically trained minor executives. A third adult vocational education project, initiated in 1940, was the Training Within Industry program set up by the Office of Production Management (later the War Production Board) for the purpose of facilitating the upgrading of war-industry workers and developing the skills of supervision. This last venture was so successful that when the government closed the project at the end of the war a special, privately supported Training Within Industry Foundation was immediately set up to serve the peacetime needs of industry.

Literacy Programs

Although it is only within comparatively recent years that the public schools of the country have begun to stress the broad provision of educational opportunities for adults as an important part of their programs, their interest in adult education dates back to the early 1920's. The disillusioning statistics relative to the spread of illiteracy, which emerged

from the Army induction centers of World War I, prompted a national crusade for literacy paralleled by a campaign to educate the foreign born in the fundamentals of citizenship. Called upon to implement these drives, public schools began offering evening adult elementary classes in English and citizenship. From these limited beginnings many schools soon developed extensive evening school programs which included a variety of educational opportunities for adults. The National Education Association (NEA) encouraged this movement from the start and in 1921 set up a Department of Immigrant Education. This later became the Department of Adult Education, an organization composed of teachers and administrators of adult education and others interested in this field, which publishes the *Adult Education Bulletin* (*infra*) and holds annual meetings. In 1946 the NEA further emphasized its interest in adult education by appointing a full-time director of adult education services who acts as executive secretary of the Department.

Early in World War II it became obvious that neither the Americanization campaign nor the drive to abolish illiteracy had been completely successful. The Department of Justice's revelation in 1941 that there were still some five million aliens in this country, many literate neither in English nor in the language of their native land, precipitated a new education-for-citizenship drive. Partly as a result of this effort, some 1,308,570 aliens were naturalized in the years 1941-1944. Since the close of the war, enrollments in Americanization and naturalization classes in most cities have shown a steady decline.

While America's soldiers in World War II were on the whole much better educated than those in the first World War, the number of men deferred from service because of "functional illiteracy" (inability to read or write with any facility) was sufficiently large to prompt the Army to charge its Specialized Training Program with the task of speeding up the process of adult elementary education. After some experimentation with new methods and materials, it developed a series of courses which successfully reclaimed over 93

per cent of the men given instruction. Many of these techniques are now in process of being adapted for use in programs designed to assist the ten million functionally illiterate civilian adults to overcome this handicap.

Growth of Adult Education Movement

Coincident with the rise in interest in the abolition of adult illiteracy and the education of foreign-born adults, there emerged in the years following the first World War an increasing concern for the provision of opportunities for continuing education for adults in all walks of life. Churches, social service agencies, young people's organizations, women's clubs, men's clubs, workers' groups, and other privately supported organizations began to make adult education activities of one kind or another an integral part of their respective programs. These, together with the publicly supported institutions already noted and the various privately financed and controlled education ventures that came into existence in various parts of the country, made up the elements of a broad though unrecognized adult education movement.

This movement began to assume definite shape in 1926. Five years earlier the need for a clearinghouse for the educational activities of various workers' groups had led to the organization of the Workers Education Bureau of America. Interested in a broader application of this pattern of organization, the Carnegie Corporation of New York, after observing the well-established adult education movement in England, instituted a series of studies of educational opportunities for adults in this country. These studies were published in 1925, and in the fall of that year the first national conference on adult education was held in Cleveland. Four regional conferences, subsequently assembled in Chicago, Nashville, New York City, and San Francisco, enthusiastically endorsed the proposal to form a national association. The resultant organization of the American Association for Adult Education took place at the close of the Chicago regional conference in March, 1926. The Association serves as a national clearinghouse for information, conducts and sponsors national and re-

gional conferences, and publishes the *Adult Education Journal* (*infra*) and the *Handbook of Adult Education in the United States* (*infra*). Until 1941 the Association's activities were chiefly financed by the Carnegie Corporation; since then the program has been carried forward largely on an independent basis.

Much of the study and research program formerly carried on by the Association is now conducted at the Institute of Adult Education, Teachers College, Columbia University—established in the fall of 1941 by virtue of a grant of \$350,000 from the Carnegie Corporation. The Institute is charged with the responsibility of conducting an intensive study of the opportunities, problems, materials, and methods of adult education and with assisting in the training of leaders and workers in the field. Recently it has been investigating the use of films in adult education. In cooperation with the National Committee on Film Forums, it publishes the *Film Forum Review*.

Relation to Social Work

Since the war there has been steadily growing recognition of the fact that adult education is an important function of social work and group work agencies. The therapeutic value of educational processes in speeding the recovery of convalescents was demonstrated beyond doubt during the recent war. Methods and techniques developed for the education of adults are finding ever greater use in the fields of health and social welfare. Opportunities for the study of adult educational practices are now offered in many training schools for social workers and group leaders. Councils of social agencies are broadening their scope to include education, and particularly adult education, within the framework of their activities. The New Orleans Council of Social Agencies, for example, now has a Section of Adult Education and the Cleveland Welfare Federation has added an Adult Education Section to its Group Work Council. The District of Columbia Council of Social Agencies made adult education one of its special fields of inquiry in the over-all social survey it sponsored in the nation's capital in 1946. *See COUNCILS IN SOCIAL WORK.*

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To counter the interracial and intercultural tensions that have developed in the wake of the war, citizens' unity committees in affected areas are using adult education techniques to promote mutual understanding of common problems. See *INTERRACIAL AND INTERCULTURAL ACTIVITIES*. Adult education, always an essential part of the service of the more than 250 settlement houses in America, is being stressed more today than ever before. See *SETTLEMENTS AND NEIGHBORHOOD HOUSES*. And workers in sanatoria, housing units, recreation projects, penal and correctional institutions, and in many kindred services are finding an ever greater need for professional competence in this particular field of education.

Postwar Trends

Since the close of the war there have been a number of shifts in interest and emphasis in adult education activities throughout the country. The unprecedented demand for vocational adult education which characterized the war period did not decline appreciably after V-J Day, but the character of the demand changed. Men and women had to "reconvert" their war-industry skills to peacetime occupations and the short-term mass training programs have been replaced by long-term vocational programs geared to the interests of individuals. The return of millions of veterans seeking the opportunities for continued education assured them under the provisions of the so-called "G. I. Bill of Rights" has created a near-crisis in American education. Specially staffed and housed veterans' high schools have been set up in hundreds of communities to assist ex-soldiers in securing a high school diploma in the shortest possible time. Thousands of veterans, unable for one reason or another to go to college full time, have laid unusual demands on the resources of the country's university extension divisions. In fact, problems relating to the provision of adequate educational opportunities to veterans have been so numerous and vexing that a special Veterans' Education Council was established by the NEA Department of Adult Education in 1946 to cope with them.

One of the most notable developments since

the war has been the heavy upsurge of interest in adult classes in arts and crafts, in music and painting, and other "cultural" subjects. Education for family life is getting more attention than ever before. Museums and art galleries, which recorded all-time lows in attendance during the war period, are once again approaching normality. Many are planning new buildings in which increased attention and space will be devoted to educational activities for adults. The Metropolitan Museum of Art in New York City has now under way a vast program of reorganization which makes provision for a special division of adult education. Significant evidence of the importance now being accorded adult education by the public schools is to be found in the fact that many plans for postwar school buildings take into account their use as centers for adult education and recreation. An increasing number of local plans for "living war memorials" call for the construction of functional community center buildings equipped to house a variety of adult group activities.¹

A great many public libraries are now in process of reorganization in order to give more effective service to adult groups. Some have instituted training courses in discussion leadership for staff members. Public libraries in Chicago, the District of Columbia, and other communities are experimenting with ambitious library-sponsored book-discussion-under-leadership programs. To stimulate interest in federal aid to libraries in rural areas — where some thirty-five million people are still without library service of any kind — the American Library Association recently established a representative in Washington, D. C.

The Extension Service of the United States Department of Agriculture, long the largest single adult education enterprise in the country, is now engaged in increasing its educational work in such fields as economic problems and public policy, marketing, distribution, and social relationships and adjustments. To implement this expanded program, it is utilizing for peacetime purposes the far-flung neighborhood leader system brought into existence in 1941 to interpret the war to the

¹ See Dahir, *infra*.

farmers and to enable them to participate more effectively in the war effort.

One of the most striking developments in the postwar period has been growth in interest in workers' education on the part of the country's universities and colleges. Programs of workers' education or industrial relations are now being developed in over 80 publicly supported, privately endowed, and sectarian institutions. At the same time, independent labor schools have been established in a number of cities, notably in San Francisco and Seattle. The Workers Education Bureau of America and the American Labor Education Service are encouraging the development of various kinds of local workers' education projects.

A number of states are now offering state aid to adult education. California recently liberalized its state-aid regulations and now provides nearly a dollar per capita for its various adult education activities. Michigan is in the process of expanding the experimental adult education program it began in 1944, and the New York Legislature in 1946 appropriated \$100,000 toward the development of "pilot" public school adult education programs in that state.

Local adult education councils, many of which were dormant during the war, are reviving their activities and new ones are being formed. Two new state associations for adult education—in Indiana and Iowa—were formed in 1945, and in the spring of 1946 more than a dozen state and regional adult education conferences held meetings, most of them for the first time since 1941. Five national organizations, the American Association for Adult Education, NEA Department of Adult Education, American Library Association, National University Extension Association, and the Educational Film Library Association sponsored a Joint Conference on Adult Education in the spring of 1946 in Detroit. As a result of this meeting, a continuing Joint Committee on the Study of Policies, Principles, and Practices in Adult Education was set up charged with developing closer relations among the five organizations.

Problems of Adult Education

On the threshold of the greatest period of

expansion in its history, the adult education movement is today more than ever hampered by a tragic lack of adequate instructional materials and a scarcity of trained leaders. Since the work of the Readability Laboratory at Teachers College, Columbia University, was suspended in 1941, no great advance has been made toward solving the numerous technical problems involved in presenting subject materials at various reading levels. Whether any of the techniques worked out in connection with the various educational programs conducted in the armed forces can be readily adapted to civilian use will not be known until a special committee of the American Council on Education, which is now working on this problem, makes its report.

While there has been a slight expansion in the number of adult education leadership training facilities, largely in the form of short-term institutes, conferences, and so forth, these are still far from adequate. Only a handful of colleges and universities now offer professional courses in this field, among them California, Chicago, Columbia, Michigan, New York, and Washington Universities. Some public schools and university extension divisions and a few adult education councils are making valiant efforts to increase the number of training opportunities available to volunteer adult education leaders, but there are still far too few of them to meet the demand.

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GLEN BURCH

ADULT OFFENDERS.¹ Before World War II ended, predictions of an increase in criminality in the postwar period were generally made. The lessons of history seemed clear, and the statistical studies of the aftermaths of the first World War had strengthened general impressions. The data available as this article is being prepared, however, are still meager, and we are compelled to use considerable freedom of interpretation with respect to them.

The accompanying table, taken from *Uniform Crime Reports (infra)*, covers largely urban criminality and suggests that major offenses were on the increase in 1945, some of the rises having begun already in 1944 after a moderate decline in preceding years.

It would be unwise to take these rates at face value. They have been computed on the basis of the population according to the census of 1930, until 1940 census data were available, no correction having been made in recent years for the tremendously great population changes due to natural increase and displacements due to Selective Service and war concentrations of industry in urban centers. This means, on the one hand, that the criminality in the armed services abroad did not burden our local crime rates during the war period; and, on the other, that the crimes committed by those who moved into our urban centers since the war began is still assessed to the population that lived there in 1940. It is, of course, extremely difficult to draw the right conclusions as to the movement of crime rates under such circum-

¹ For names of national agencies in this field listed in DIRECTORY of AGENCIES in Part Two, see INDEX under the title of this article.

SELECTED MAJOR OFFENSES KNOWN TO POLICE IN CITIES AND TOWNS
(Rates per 100,000 population)

	Criminal Homicide	Robbery	Aggravated Assault	Burglary	Larceny	Auto Theft
1936	11.5	55.7	46.2	311.5	716.7	213.7
1937	11.8	59.8	45.5	325.4	780.0	215.6
1938	9.9	59.3	44.5	340.2	849.2	188.2
1939	9.8	55.2	46.5	349.6	899.1	178.0
1940	9.8	52.5	45.8	348.4	926.3	174.6
1941	10.0	49.4	48.4	332.0	944.0	188.5
1942	9.5	47.1	52.1	294.8	906.0	167.6
1943	8.2	45.3	49.7	300.9	829.4	187.8
1944	8.7	43.8	54.8	305.2	819.0	213.0
1945	9.9	54.3	59.8	359.3	889.9	241.5

stances. At present there is no doubt that the actual number of criminal actions of a more serious nature is increasing, but we must also remember that war veterans, who tend to fall in the age groups with the normally highest crime rates, are returning home. If accurate population figures were available the rates of criminality would undoubtedly appear much less alarming even though they might still be shown as rising. Increases in the *conviction* rates available for 1945 have not been unduly large. In no state for which figures have been published have the 1940 or 1941 rates been reached as yet. That prison admissions will rise is obvious, and we may expect the increase to be reflected in the statistics for 1946 and 1947.

There are many forms of criminality, of course, which tend to escape the count of the statistician, for they do not generally lead to arrests or prosecution. For instance, in 1944 there were nearly 340,000 reported violations of Office of Price Administration regulations by business concerns, making it possible to estimate that there were at least one million such violations all told. The tremendous shortages of goods in all fields has probably caused an increase in such violations since the end of the war.

Police and Crime Prevention

Police authorities, ranging from the local town marshal to the large city department, the state police bodies, and the numerous federal patrol and detective services, have as their main function the prevention of crime by the patrol of highways, streets, and waterways, the maintenance of order, and the apprehension and detection of offenders. Their efficiency in all these activities is gradually increasing. Merit systems for the selection and promotion of personnel are slowly gaining ground. Training courses for police are becoming less rare, and the use of scientific techniques in detection is rapidly expanding. Nevertheless, the local control of most police work still gives too many opportunities for political influence and interference. In our great cities, in particular, the existence of organized crime and the frequent exposures of its ramifications prove that

petty graft still flourishes and that too often professional crime, politics, and the police are bound together by strange alliances, especially in connection with illegal activities which cater to vices such as gambling and prostitution.

Since World War I, and especially in the past decade, many of our large city departments have added policewomen to their personnel and have set up special crime prevention bureaus to deal with juvenile delinquents. See JUVENILE BEHAVIOR PROBLEMS. In some of these bureaus, attempts have been made to introduce individual case work procedures, but most of the bureaus have tended to become organizations concerned exclusively with club and recreational facilities for children in slum areas.

The recent war made the police conscious of problems which previously had been given little special attention. As a result of race riots, for example, some departments have come to realize the need for special training for their personnel in the handling of interracial problems. California has offered leadership in this respect; pamphlets on the manner of dealing with social conflicts have been printed, and the Richmond (Calif.) police department has developed a highly regarded training course in race relations.

Courts and Probation

All offenders against the law stream through the lower courts for a preliminary hearing. Approximately 90 per cent of them are summarily disposed of in these courts, which are variously called police courts, magistrates' courts, justices' courts, recorders' courts, and so forth. Except in a few of our metropolitan centers these courts are serviced by untrained judges elected on party lines. Their power is great but their treatment facilities are meager. Unless they discharge a prisoner they are limited to the imposition of a fine which, if not paid, is converted into a jail commitment. Occasionally the law gives them the right to impose terms of imprisonment directly, but almost never do they possess either the power or the facilities to employ probation.

The small proportion of offenders who have committed indictable crimes are held for the

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trial court of the county. After investigating the charges against them the prosecuting attorney secures an indictment from the grand jury, unless he is permitted by law to proceed without it. An increasing number of states now permit defendants to waive indictment. (This may foreshadow the ultimate abolition of the grand jury, a step which Great Britain took some years ago.) The defendant is arraigned in court and pleads to the charge. If he pleads guilty or stands mute, the judge imposes a sentence, but if he pleads not guilty, a trial follows. Traditionally, this trial is held before a petit jury which, after hearing evidence, arrives at the verdict which results in discharge or sentence. In recent years an increasing number of states have passed laws permitting the defendant to waive a jury trial. If this is done the evidence is presented to the court who *ipso facto* becomes judge of fact as well as of law. Since most defendants plead guilty, varying in 1944 from 64.6 per cent in Utah to 98.9 per cent in Rhode Island, trials occur only in about one case out of five over the country as a whole. From 1938 to 1942 inclusive, Rhode Island tried only an average of 8 out of 573 defendants annually. In California, Connecticut, Maryland, New Jersey, Ohio, South Dakota, Wisconsin, and Wyoming most trials now occur without a jury.

In nearly all states, trial courts have the power to suspend sentence and place the convicted defendant on probation. In so doing, the court becomes a treatment agency, for if the probation is successful no sentence is ever imposed or executed. Since the supervision of probationers has been turned over to some central state board or department in but a few states, probation remains almost everywhere a local court function, each court appointing its own probation officers. The popularity of probation varies greatly from state to state. In 1944, Kansas suspended sentences for only 12.9 per cent of the convicted defendants, while Rhode Island did so for 64.8 per cent. The average for 24 states for which statistics are available was 31.3 per cent.

The function of probation is to restore the offender to an orderly social life as rapidly as possible without depriving him of his liberty.

It is properly employed only when the security of society can best be assured by such extra-penal treatment. It should be imposed only after a careful study has been made of the defendant by competent medical, psychological, and social investigators to whom the court may turn for advice. An adequate number of trained probation officers of high character is required to supervise the probationer, using to the full the resources available in the community. These ideals are rarely reached.

Probation services, while improving, are still primitive except in relatively few localities. It is rare to find a court, dealing with adult offenders, which boasts of clinical facilities or staff for pre-sentence investigations. Probation still tends to be granted on "hunches" or as a "chance to go straight," instead of as a deliberately chosen therapeutic device adapted to individual needs. Even in some of our largest cities, probation is often a farce, the personnel consisting of political appointees with case loads running into many hundreds. However, through the efforts of the National Probation Association and local civic groups, improvements are gradually being made, state control expanded, merit systems adopted; and trained social workers are finding in probation work a widening field for their talents.¹

In recent years the courts have found themselves the center of a controversy which promises to rage for some time. Having been given by legislatures, during the past century, more and more discretionary power in the choice of sentences, the courts are now being told that they should relinquish this power to some more suitable agency such as a sentencing board or a disposition tribunal. There is sound logic behind this proposal and there is evidence to show that the trend of legislation is moving — though almost imperceptibly — in the direction urged. The American Law Institute's model Youth Correction Authority bill, discussed later, has brought the issue to a head. The fate of this proposed legislation will show whether or not the judiciary is strongly enough entrenched to resist the growing demand for reform of the sentencing process.

¹ See *Standards for Selection of Probation and Parole Officers (infra)*.

Jails

America's jails have long been known as her worst penal institutions. Locally controlled by county or city administrations, they suffer from inadequate personnel, usually politically chosen, and often lack the most elementary facilities for decent living. The ratings of the Bureau of Prisons, United States Department of Justice, show that in 1943 — and there has been little improvement since then — 78 per cent of the 3,152 jails inspected were found unfit for housing federal prisoners. Massachusetts made the best record with only one unfit jail, while 97 per cent of the jails in Virginia, 93 per cent of those in Vermont, 85 per cent of those in Michigan, 75 per cent of those in Illinois, and 69 per cent of those in Ohio were rated unfit. Generally speaking, the defects of the jails lie in the absence of employment and industry, medical service, education and recreation, and religious instruction. With respect to these four factors the Bureau rated the jails as poor in 99, 88, 98, and 96 per cent, respectively, of the cases.

The usual county jail houses a heterogeneous, short-time population. Even in a state as populous as Pennsylvania, half of the jails have a daily population of under 30 prisoners; and the average for most of the country's jails is considerably lower. Among the prisoners may be found those held for trial, those held for further hearing, material witnesses, those "sitting off" fines, and those serving straight terms. Most of those not serving sentences spend from a night to two weeks in jail and even the sentenced prisoners rarely stay over ninety days. This population, constantly renewed, is made up of young and old, first offenders and "old-timers," males and females, the sick and the well. Adequate segregation is well-nigh impossible, and it is easy to understand why under the circumstances sufficient employment, education, and hygiene are unattainable in most jails. The solution lies in keeping as many people out of jail as possible through a more scientific use of bail, recognizances, and instalment fines, and in removing all prisoners serving terms to agricultural district houses of correction — thus leaving the county jail to remain simply a local detention

house. This program is not likely to succeed until the state, rather than the county or city, has the responsibility for caring for all sentenced prisoners, at least.

While the law generally forbids the detention of juveniles in county jails and while large communities provide special detention quarters for children, many states are still compelled to use the jail for juvenile detention. *See JUVENILE AND DOMESTIC RELATIONS COURTS*. This unfortunate practice is bound to become more and more of a problem as the upper juvenile court age is increased through legislation. A survey now being conducted by the National Probation Association will, it is hoped, lead to improved standards for juvenile detention homes and incidentally strengthen the movement to keep children out of the common jails.

Penalties Inflicted

The whipping post, one of the most ancient of the instruments of justice, has practically disappeared in America. The lash is prescribed as a punishment for crime only in Maryland, for wife beating, and in Delaware, for 24 offenses, the number of lashes varying from 5 to 60 depending upon the crime. From 1900 to 1942, 1,604 prisoners were whipped in Delaware, nearly 70 per cent of them being Negroes.¹ The belief that this penalty is deterrent has been disproved, for nearly two-thirds of those whipped are again convicted and one out of five again whipped. Paradoxically, many states which prohibit whipping for crime still authorize this penalty by law for breaches of discipline in prisons and correctional schools; and in some states the stocks, and even more painful corporal penalties, are found in use to maintain order in institutions.

The death penalty has recently made new legal and territorial conquests in the United States. In the past decade 40 states made kidnapping for ransom punishable by death, and Kansas and South Dakota reintroduced this penalty. In most of the 42 states that use the

¹ Caldwell, Robert G. "The Deterrent Influence of Corporal Punishment upon Prisoners Who Have Been Whipped," in *American Sociological Review*. April 1944.

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death penalty it is applied only to treason, murder, and kidnapping for ransom; but under certain circumstances the following offenses are punishable by death in one or more states: arson, train wrecking, rape, perjury in capital cases, attempt on the life of the President or of an ambassador, manslaughter, robbery, burglary, setting off explosives, and desecration of burial places. Public executions have disappeared and there is a tendency to substitute asphyxiation for hanging or electrocution. The use of capital punishment declined to 123 executions in 1941, rose again to 147 in 1942, and dropped to 135 in 1943, the last year for which data are available. In the fourteen years ending in 1943, Idaho and Nebraska had no executions and New Hampshire and Vermont had only one each. Except for a few executions of enemy agents during the war, federal executions have been rare occurrences in late years; yet organized movements to abolish the death penalty have met with no success.

From 80 per cent to 90 per cent of the violations of the criminal law are punishable by fines, the most popular of all penalties and widely used for offenses dealt with summarily by magistrates and justices. The income from this source helps to pay for the upkeep of roads, the school system, the police, or other public services. As a penalty, fines fall most heavily on the poor, who go to jail when they cannot pay them. In 1944, out of 1,371 prisoners committed to the Philadelphia County Prison for nonpayment, 90 per cent had been unable to pay a maximum of \$12.50 each in fines and costs.

Incidental punishments strike those who are convicted of felonies or are committed to a state or federal prison. Those who have committed such offenses lose their civil rights in most states and may, if they are naturalized citizens, be deprived of their citizenship. They are unable to vote or hold public office or positions of trust. They may be prevented from engaging in a trade or a profession, and from administering an estate or exercising guardianship. In other states such rights are lost merely during the term of imprisonment, while in a few states (Michigan, for instance) they are not lost at all. Recently, New York has passed

legislation to facilitate the restoration of rights in connection with parole. In many states the pardoning power is chiefly employed in restoring such rights to ex-prisoners.

The most conspicuous penalty for crime is institutionalization. With the passage of time, the growth of population, and increase in scientific knowledge and understanding, more and more specialized institutions have been developed to handle adult offenders of different types. There are minimum, medium, and maximum security prisons; reformatories; hospitals for the criminal insane, the mentally defective, and the narcotic addict; forest, road, and farm camps; state farms for misdemeanants; and county or municipal houses of correction and jails. So far as the state institutions are concerned, no one state possesses all the types mentioned; and in the smallest states the setup is extremely simple, at times limited to one or two institutions. The federal institutions exhibit in contrast a high degree of specialization, made possible by a clientele which exceeds that of any state system.

In all but a few states where individual institutions are still managed entirely by appointive citizens' boards, the administration of all state institutions for offenders has been centralized into a department usually called a board of control or a department of corrections. There is no such centralization in the federal government, where the Bureau of Prisons of the Department of Justice is in charge of civil penal institutions. The War and Navy Departments operate their own separate systems, which during the war grew to a tremendous size, both here and abroad.

Parole

In most parts of the United States it has become well recognized that prisoners should be released prior to the expiration of their maximum terms and that the balance of their sentences should be served in liberty under supervision. Such prisoners are said to be on parole. The function of parole, like that of probation, is to aid the prisoner to return to an orderly life in society. Its value, therefore, depends on the skill with which parolees are selected, the training and character of the parole officer, and

the weight of his case load. Unfortunately, no recent national statistics give a clear picture of how parole operates. In 1933, however, when 34,839 prisoners were released on parole from state or federal penal institutions, only 69 per cent were released to the supervision of a parole officer, while 14 per cent were to report by mail and 2 per cent received no supervision at all.¹ There has been some improvement since then, but there are still numerous states where parole exists only in name. It is this fact which has aroused such hot criticism of parole in general.

None can deny that adequate parole systems are rare. As a rule, parole officers are not trained for their work, case loads tend to be excessive — far beyond the possibility of good supervision — and politics and graft have now and then led to open scandals in some states. With all its faults, however, parole remains an essential part of modern penal treatment, even though it must be improved and extended. It is still possible for more than one-third of state and federal prisoners to be released without supervision because they have served their maximum terms. This includes those prisoners who are regarded as too dangerous or too unpromising to receive parole and who paradoxically are therefore sent out of prison without official assistance or supervision. Revision of legislation is needed permitting the automatic addition of a parole period to all maximum terms of imprisonment.

Everything considered, however, parole during the war enjoyed unprecedented popularity, chiefly due to the manpower shortage and inductions into the armed services. The latter removed a large number of parolees, thereby reducing case loads. The manpower shortage made employers of labor more tolerant toward ex-prisoners. Emergency state laws tended to facilitate parole. Many states passed acts suspending parole for those inducted and providing for the termination of parole upon an honorable discharge from war services.

Pardons

The pardoning power is usually vested in a

state board, but in some states the chief executive is still solely responsible for its exercise. The need for the use of this power to correct wrongful sentences, exercise mercy, or restore civil rights is generally conceded.

The Discharged Prisoner

Everyone knows how unfavorable public attitudes have been toward ex-prisoners and how difficult it has been to secure employment for them. Parole offers an aid to most long-term prisoners, but those discharged from jail sentences lack this form of assistance as do those who complete their maximum terms in penitentiaries. Many prison welfare organizations have tried to meet this need, but there is still no public demand for government activity in this connection. Incidental aid is, of course, rendered by public employment services. See EMPLOYMENT SERVICES.

The Youth Correction Authority

The most significant development for post-war planning in penal administration is the model bill called the Youth Correction Authority Act drafted by the American Law Institute and adopted by that body in 1940. This bill proposes, in the main, that youthful offenders under twenty-one years of age convicted in a criminal proceeding should be committed to a state agency which would take full charge of their correctional treatment. The Authority must establish its own diagnostic clinics and approve or create proper detention houses and institutional and noninstitutional facilities for treatment. It must attempt to realize in practice the aim to restore the offender as quickly as possible to society when there is no longer a likelihood of his becoming a recidivist, utilizing to this end the knowledge discovered by behavior research. Depending upon the nature of the offense or the origin of his commitment, the Authority may retain the offender until he is either twenty-three or twenty-five years of age. Under certain circumstances it may keep him within its jurisdiction for a longer period and even for life, with the consent of the court.

This bill thus provides, for the first time in history, an indeterminate treatment measured

¹ U.S. Bureau of the Census. *Prisoners in State and Federal Prisons and Reformatories 1933*.

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by the social danger of the offender to the community. It places in the hands of one body the use of probation, parole, and institutional treatment. The offense which brings the person to the Authority has no necessary relationship to the character of the treatment. This fact, together with the potential power of the Authority to discharge immediately or to maintain control for life, caused the drafters to exclude certain petty violators, on the one hand, and capital offenders, on the other, from those who may be committed to the Authority.

The advent of the war added difficulties in securing the adoption of the bill by the states. The infringement on the sentencing power of the courts, the alleged threat to certain vested interest groups, and other considerations evoked opposition from unexpected quarters. In 1941, however, California adopted the bill in a limited form and has since made important changes. Its Youth Authority (the word "Correction" was dropped from the title in 1943) operated eight correctional schools and camps in 1945 in addition to certain central services. Beginning in January, 1948, the Authority will receive all youths under twenty-one years of age who, at time of apprehension, are not sentenced to death, life imprisonment, imprisonment for less than ninety days, or a fine, or who have been put on probation. Until the date mentioned, such offenders *may* be committed to the Authority. Misdemeanants must be discharged when they become twenty-three years of age and felons when they become twenty-five, unless their offenses were such that the statutory maximum penalty has not then been reached. In these latter cases there are provisions making possible the transfer of the misdemeanant to state prisons, for continued control.

The California Authority has set up two diagnostic clinics, one for boys and one for girls, and plans the establishment of two central receiving centers in which all cases committed to the Authority may be studied before any program of training, treatment, or placement is worked out. The most interesting aspects of the Authority's program have been the work camps and the field service. Camps have been operated both in cooperation with the Forestry

Department and the United States Army and, now that the war is over, plans are being made for an increase in the number of forestry camps. Here, 70 to 100 youths in each camp will work at projects such as fire prevention and suppression, blister rust and pest control, brush clearing, state park maintenance, and camp construction and operation. In addition, an educational and rehabilitative program will aid in preparing each youth for his return to the community, ready to lead a law-abiding life.

A field service maintains contact between the Authority and the local community. A delinquency prevention section makes local surveys, encourages better community organization for crime prevention, runs conferences and "workshops," and so forth. Considerable expansion of this work is expected.

Organization

A number of national, state, and local organizations have been set up to promote reform in the correctional field. Of the national organizations, the oldest is the American Prison Association, which dates from 1870, and which has a number of rather ineffective affiliates such as the American Parole Association, National Chaplains' Association, National Jail Association, Wardens' Association, and so forth. Other important national organizations are the National Probation Association, which is interested in adult probation and parole, and the Osborne Association, which through its impartial and well-publicized surveys of penal conditions, performs the functions of a modern John Howard.¹

Outlook for Penal Reform

Wars tend to be periods of stagnation in those areas of civilian life which do not directly contribute to the war effort. Postwar periods, therefore, become years of recovery, renewal, expansion. In the field of penal affairs, which has been lying fallow for several years, we may look forward to considerable change in the near future. The burden on all agencies of treatment will be enormously increased. In

¹ The great English prison reformer of the eighteenth century.

anticipation of this, a number of the states have already made provisions for more institutions and an increase in personnel. There are signs, too, that some progress is about to be made toward achieving a more scientific philosophy of penal treatment than has prevailed up to now.

Generally speaking, there are two fundamentally different ways of looking at the aim of penal treatment. The first results from a doctrine which regards punishment as an evil that must be inflicted on the offender in retaliation for his conduct, and which hopes to deter him from future law breaking by fear for its consequences. This view is likely to stress the importance of equating somehow the offense and its punishment. It is reflected in our traditional penal law and especially in our legislation governing recidivists. Diametrically opposed to this is the view that penal treatment is a form of therapy to be applied to offenders for the purpose of converting them into law-abiding citizens through a positive program of moral and civic re-education, the offense itself being ignored except as a symptom of a moral disorder, and the therapy being directed at removing the defects in the personality of the offender.

This view has been the gradual outgrowth of a century of development in the "behavior" sciences and has had a profound effect on the traditional penal law. It has led to the institution of juvenile courts, probation, and indeterminate sentences, and is reflected in devices such as case histories, classification procedures, and diagnostic clinics. While our penal law still retains as its main features elements inherited from previous centuries, it is no longer a consistent and well-harmonized structure. Rather, it resembles a castle with its medieval keep still in use but surrounded by recent, and even modernistic, structures. Since social institutions rarely, if ever, can be demolished and new ones created on a different plan, we shall probably have to be content with programs which will some day lead us to condemn the ancient part of the structure as unfit for human use. Through public education the concept of justice held by the common man will have to be so modified as to be shorn of its re-

taliatory attributes in order that the therapeutic and preventive view may prevail.

During the latter part of the nineteenth century there came into use a term which embodies the modern idea of penal treatment. This was the "individualization" of punishment, that is, the fitting of the penal treatment to the needs and circumstances of the person to whom it is applied. The full adoption of this concept by the penal law would lead to revolutionary changes. The criminal law would merely designate the kinds of conduct which would make the offender "treatable." Our courts would become agencies to determine whether or not a person accused of such conduct was in fact subject to treatment (that is, guilty). Penal treatment, instead of being as it is today, entrusted to a variety of independent and uncoordinated agencies — courts, probation commissions, penal and correctional institutions, parole boards, and so forth — would be made the responsibility of a single agency. Basic to its work would be the diagnostic service, which would study the individual offender and guide all therapeutic efforts that are available to him in the institutions or in the counseling and supervisory services of the agency. This is one of the main features of the Youth Correction Authority Act, already discussed.

Within limits, this idea is breaking through more and more. While criminal law has resisted any fundamental progress, advances are being made in the field of penal administration, especially in its institutional aspects.

Prison administrators have for a long time talked about "classification." Originally the term referred to the grouping of offenders within an institution according to sex, age, nature of the offense, the previous criminal history, and so forth, for the purpose of adapting the treatment to homogeneous groups of offenders. As the years have gone by, the term has become synonymous with the term *individualization* already mentioned, namely, adapting the treatment to the needs of the individual prisoner rather than to a group. This is seen as desirable even though, as is the case with the patient in the hospital ward, the prisoner may have to be housed with others who

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are grouped according to some plan of classification. The concept calls for a number of specialized institutions to which assignments would be made by transfer from a series of diagnostic centers, the chiefs of which would be responsible for the guidance of the treatment within the institutions.

Today plans have been made and in some cases are being realized for the creation of such diagnostic centers in some of the states. In 1945, New York set up a "reception center" for youthful offenders at Elmira Reformatory. Judges in that state, although they fix the term of imprisonment, no longer commit a youth sixteen to twenty-one years of age to a specific institution. They send these youths to the new center at Elmira where they are studied and classified and from which they are transferred to an appropriate institution for treatment. A cell block with a capacity of 352 inmates, and a smaller block for special cases, have been assigned to the center for its use. The center is staffed by a director, an assistant director, a physician, chaplains, psychiatrists, educators, and a recreation director, as well as custodial and clerical personnel.¹ In 1946, Pennsylvania passed a law which will presently require the establishment of a reception center of the same type for *all* young persons who are committed by the courts to any state penal and reformatory institution in that state. It is to be housed at what is now the State Industrial School at White Hill, near Harrisburg.

Perhaps the most interesting development is that occurring in California, which completely reorganized its penal and correctional system in 1944. This change was in no small degree influenced by the establishment in that state of the Youth Authority already mentioned. In creating a new Department of Correction, the 1944 legislation also set up within that Department an agency known as the Adult Authority. This Authority consists of a board of three members appointed by the governor: "one member shall be an attorney at law, one have had practical experience in handling adult prisoners, and one a sociologist in training and experience."² The board shall (1)

supervise and control the diagnostic clinic, (2) supervise and operate the classification and treatment program within each institution [the Department has charge of two prisons and two reformatories for adults], (3) designate prisons in which inmates shall serve their sentences, (4) authorize transfer of prisoners between prisons and to prison camps, (5) determine the nature, type, and duration of [disciplinary] punishments, (6) award and declare forfeit good-time credits, (7) restore civil rights, (8) fix and refix terms of imprisonment [within statutory maxima], (9) grant, withhold, or revoke paroles, (10) direct the operation of the Bureau of Paroles, the supervising parole agency, (11) advise the governor on executive clemency matters, and (12) serve as member of the Board of Corrections. A diagnostic clinic, called the Guidance Center, has been established at San Quentin, its chief being a former professor of education at Stanford University. He is assisted by two sociologists, a psychologist, an educational and vocational counselor, and clerical personnel, supplemented by the prison physician and psychiatrist and a panel of distinguished consultants in neuropsychiatry. "The work of the clinic shall include a scientific study of each prisoner, his career and life history, the cause of his criminal acts, and recommendations for his care, training, and employment, with a view to his reformation and to the protection of society."¹ The Center has a separate cell block, mess hall, classrooms, and work projects. The prisoners remain there from six to eight weeks before being assigned for placement in the appropriate institution.²

In May, 1946, the next step was taken — the setting up of a Classification Bureau which will be responsible for the staff supervision of the entire program of individual treatment within the institutions. The Bureau will see that prison staffs observe standards and carry out treatment recommendations. The prisons will receive from the Bureau technical supervision in all phases of classification work and will look to the Bureau for advice, guidance, and instructions. The Bureau will define the

¹ See Kendall, *infra*.

² Sen. Bill No. 1, ch. 3, sec. 5075, 1944.

¹ *Ibid.*, sec. 5079.

² See Fenton, *infra*.

form and content of reports from the several institutions and their departments. Its supervisory functions will include continuation of the classification process initiated in the Guidance Center, namely, continued study and diagnosis, treatment—including transfers—custodial classification, social work, academic and vocational education, recreation, reclassification, medical and psychiatric treatment, religious work, and release planning. The Bureau, it is expected, will also carry on research and make special studies, such tasks being facilitated by the fact that it will administer the Guidance Center and its eventual branches.

These are all hopeful signs of a new day in penology. If these experiments are to be successful, however, they will have to be given adequate financial support and be properly staffed. Citizens' organizations concerned with penal reform will need to shoulder the burden of arousing public opinion to that end.

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THORSTEN SELLIN

THE AGED. According to United States census reports there were 3,080,498 persons aged sixty-five years or over in the country in 1900. This was 4.1 per cent of the total population

The Aged

at that time. The 1940 census reported 9,019,314 persons in this age group, or 6.8 per cent of the total. It has been estimated that by 1980, barring unforeseen changes in present trends, the aged population (sixty-five years of age or over) will consist of some 22,000,000 persons, representing 14.4 per cent of the total population.

A greatly increased life expectancy, rather than an actually lengthened life span, is the chief factor in producing these population changes. Recently the Metropolitan Life Insurance Company reported the life expectancy for white males as being 62.94 years at birth in 1940, as against 48.23 in 1900, a truly phenomenal change for such a brief period of time. This trend may be expected to continue.

It is evident that these increases in the proportion of older people in the population will require changes in our economic and social institutions if the latter are to be properly adapted to the needs of the people. This has implications for social work, in its schools and its operating agencies, since effective work with the aged must be based on better understanding of old age and its meaning to the individual and to the community.

The place of each individual in society must be determined by his ability to function, not by his chronological age. Older people proved during the war years, and under the unusual stress of wartime conditions, that they could give an excellent account of themselves in full-time or part-time employment. Although there is constant pressure for the elimination of older workers from the labor market, progress is being made toward recognition of their potentialities and acceptance of their right to be productive over as many of their later years as their health will permit.

Assistance and Insurance Provisions

In response to the economic need of many of the aged, two fairly comprehensive financial programs have been developed. The Social Security Act, as enacted in 1935 and amended in 1939 and 1946, has helped to initiate programs of public assistance to the needy aged and to stabilize and liberalize those programs already in existence. This has been ac-

complished not only through the participation of the federal government in the costs but also by its fundamental philosophy of respect for the rights of individuals. The old age assistance program still fails to provide uniformly a standard of living that is not too widely at variance from what we like to think of as the American standard. There is also much yet to be accomplished in developing methods and personnel to administer the program in such a way as to interfere as little as possible with the rightful privacy of the family or individual. Yet a gradual liberalization of attitude has occurred which has been reflected in a lessening of demands upon relatives, in a move toward the removal of settlement restrictions, and in the recognition of the right of the individual to self-determination in so far as he is physically capable of it. *See PUBLIC ASSISTANCE.*

The second program, old age and survivors' insurance, while putting into operation the principles of social insurance as differentiated from grants made after application of a means test, is admittedly inadequate as to amounts of benefits paid to the insured, and as to coverage. There seems to be general agreement among those who have studied the program that additional groups should be included, notably employees of nonprofit organizations, and that some formula should be devised for covering agricultural, domestic, and other seasonal and unprotected workers. It has further been recommended that as disability, both temporary and permanent, presents one of the greatest unmet needs, insurance measures providing adequate coverage for this hazard should be enacted. *See OLD AGE AND SURVIVORS' INSURANCE AND SOCIAL INSURANCE.*

The economic implications of financing the costs of these programs of support of an ever-increasing proportion of the population are especially important when the effect upon the younger and middle-aged groups is considered. The tax burden, both direct and indirect, will be heavier as time goes on. A possible offset to this may be found in the continued employment of more of the aged themselves. The large number of persons not claiming benefits to which they are entitled under the old age and survivors' insurance program is valid testi-

mony that the aged have much to contribute. This contribution may prove to be essential in our future economy as the forecasted changes in population occur.

Health Problems

For the younger generation today, preventive and curative health measures promise a healthier tomorrow. The recognition of the role good nutrition can play in old age, and efforts to educate the public in the values of well-planned nutrition throughout life, should bring better health to greater numbers of the aged in the future. Also the new emphasis by geriatric groups on the importance of periodic health examinations for older people should contribute to the prevention of much illness of the kind that was formerly regarded as a necessary concomitant of old age. Surgery, medicine, and even psychiatry are being used more frequently for patients on the basis of their ability to profit from them, physically and mentally, instead of being withheld from them because of their chronological age.

Old age is dreaded for two reasons: first, because it presages the end of life; and second, because it is usually attended by illness. The last-named condition is so common that old age is commonly confused with disease. The National Health Survey, conducted in 1935-1936, has shown that one in every five persons in this country has a chronic disease. This is impressive; but even more significant is the fact that the number of invalids per thousand was 53.5 at ages sixty-five to seventy-four years; 72.7 at ages seventy-five to eighty-four years; and 106.2 at ages eighty-five years and over — as compared with an average of 11 per thousand for all age groups. As prolongation of life occurs, the percentage of persons suffering from disabling or chronic illness will probably increase. Their care will present serious problems, both as to the provision of medical care and as to facilities for meeting social needs.

Except for the interest shown by a small group of gerontologists as individuals, and the membership of the American Geriatrics Society and the Gerontological Society, there is at present little active concern within the medical profession for the aged, especially the in-

dividual aged person.¹ If older people are to be properly cared for and their health needs met, more curative and alleviative resources must be made available to them. A clearer understanding than we have yet had of the kinds of services needed and their probable duration is essential to sound planning which will lead to more adequate provision of facilities for the chronically ill and infirm aged. Such facilities should include general, diagnostic, and research hospital facilities, nursing homes and infirmaries, a better use of existing private homes for the aged, and the improvement of public homes and their services — all inadequate as the result of war-created shortages of buildings, equipment, and personnel.

One of the needs keenly felt by all groups in the community is that of care for the older person of failing mental powers whose condition in no way warrants placement in a hospital for the mentally ill. There are few persons of this age group who can benefit from the therapeutic services of such hospitals. Yet about 30 per cent of new admissions to institutions of this type in New York State are persons sixty-five years of age or over. Many health and welfare officials have recommended that there be developed a special type of sanitarium, adapted to the needs of the aging group and offering more supervision than a nursing home but less of the skilled services of the hospital. To supplement such facilities, and make family care feasible, there is need for more visiting nurse, visiting housekeeper, and public health services, as well as social work services, particularly in rural areas. The value of these services in home care has been sufficiently demonstrated. Clinic facilities, organized to meet the special requirements of an aged clientele, should be an integral part of any community plan for the care of the aged in their own homes — which is where they wish to be and which, other things being equal, is psychologically and socially the most acceptable place for them. Extensive development of these auxiliary services has been prevented by a lack of

¹ An exception is noted in Indiana where recent legislation has authorized the State Board of Health to establish a division for study of the health problems of older persons.

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trained personnel and by the apathy regarding the care of the aged which is still prevalent.

The trend toward the use as nursing homes and infirmaries of county or public homes which meet certain prescribed minimum standards is constantly more apparent. Several states have programs for accepting in these institutions persons in the community who are able to purchase their care, either in full or in part, from assistance grants, insurance payments, or from other private resources. Such programs would have wider application if federal reimbursement were to be authorized for cash assistance payments to persons in residence in public institutions of satisfactory standards.

Private nursing homes serve many aged persons in the community. For some, this is the only care available. While in many instances the accommodations and services are satisfactory, in others the licensing procedures, supervisory regulations, and quality of personnel leave much to be desired. Yet these commercial homes do have much to give the older person who wishes a more homelike atmosphere than is found in most institutions, and who can afford to pay for this expensive care. Once a program of public building gets under way, fewer of these proprietary homes may be needed.

Housing for the Aged

There is widespread interest in suitable housing for the aged. Even prior to the current crisis in housing, the lack of accommodations adapted to the special requirements of this group was a matter of great concern. Because the housing shortage has brought about a crowding of families which is very apt to affect the older persons first, the demand for housing for the aged outside the present family homes is considerable. It is generally agreed that no one kind of housing is suitable for all aged, or for any one aged person at all times, but rather that living arrangements must be flexibly used if changing needs are to be met. Additional housing of all kinds is required — institutional and noninstitutional. One potential source of relief is the inclusion of the aged among the beneficiaries eligible for public

housing, since their growing numbers and their percentage in the low-income group of the population make them logical candidates for these apartments. There has been enough experience with privately operated housing to demonstrate the feasibility of modifying public housing in this direction. A recent study of the needs of the Negro aged in New York City substantiates the opinion previously held that institutional care is not sought by many of this group, but that public housing may prove very useful as a resource for them.¹

Recreation

In recent years there has been a movement toward developing recreational programs and a better use of leisure time for the older age group. The pioneering work being carried on in Boston, Cleveland, New York, and several other cities, the efforts of settlement workers to adapt their programs to the potentialities of their elderly neighbors, and the trend toward adapting group work methods to the aged are initial steps toward achieving a fuller content in the lives of our older citizens. Recreation commissions in several states with large rural populations are pioneering in their efforts to lessen the isolation of the aged, as well as the younger farm and village folk, through local granges, churches, and traveling libraries. There is in all of these beginnings promise of reducing not only the physical isolation of the older person, but also his spiritual isolation — the natural result of the social changes which deprive him of familiar activities and associations.

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OLLIE A. RANDALL

ALCOHOLISM.¹ The problem of alcoholism is not a new one. To social workers in every community, large and small, the results of

drunkenness have long been apparent. They reach beyond the intemperate individual, who has too often been regarded only as a nuisance or menace, to his wife and children who frequently become burdens on the town or state.

Social work in dealing with the alcoholic has had to contend with public indifference, lack of understanding, and a dearth of adequate facilities for care and treatment. Recently, however, alcoholism has begun to be viewed objectively as a problem to be approached in the same scientific spirit that has characterized efforts to solve the problems of cancer, tuberculosis, heart diseases, and mental illness. It is coming to be regarded less as a problem of morals than of health.

Alcoholism Defined

Alcoholism as a term may be used to refer either (a) to the condition which results when a person indulges on occasion in an excessive amount of drinking and thus suffers temporarily from the direct effects of the alcohol imbibed; or (b) to the more serious chronic state of an individual whose use of alcohol has reached problem proportions and who thus may justifiably be called a sick person.

Of the adult Americans who drink alcoholic beverages to some extent, a large majority never take liquor to the point of intoxication. A second group consists of men and women who occasionally overindulge but go about their daily affairs without any serious interruption occurring. These drinkers can be said to have an occasional period of alcoholism, in the first meaning of the word. Next, there is a group in which the factor of excessive intake assumes a more critical aspect, either because the periods of overindulgence are closer than in the second group or because the quantity taken begins to impair efficiency. Again in the first meaning of the term, these excessive drinkers may be said to be suffering from frequent bouts with alcoholism. It is estimated that there are about 2,250,000 such persons in the United States.¹ Finally there is a group of individuals who either drink daily more than is good for them or go off on peri-

¹ For names of national agencies in this field listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

¹ See Research Council on Problems of Alcohol, *infra*.

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odic "sprees" during which they are completely at the mercy of alcohol. For these, alcoholism has clearly become a disease in the second sense of the definition. There are estimated to be 750,000 such alcoholic persons in the United States.¹

Pathology of Alcoholism

Scientific recognition that there is a section of the drinking population whose drinking is pathological in character constitutes the greatest single recent gain in handling the problem of alcoholism. Opinion is divided as to the homogeneity of this group and the pathology of its individual members but there is no longer any question that such a group exists.

In the present state of our knowledge, no final conclusions can be formulated about the nature or treatment of this disease, alcoholism. However, certain facts and theories about it are beginning to gain general acceptance.

Alcoholism, the disease, may be said to be present when a compulsive note is apparent in the patient's behavior. Certain persons by virtue of forces operating in their unconscious, are *compelled* to think, feel, and act in ways that are contrary to their own best interests and judgment. A compulsion, then, is an inner force which drives a person to act and think in a way which he resists either consciously or unconsciously. Will power is superseded by forces over which the individual has no control. The compulsion to drink is as real, and as foreign to the person, as any other compulsive or obsessive act. Unfortunately, the presence of the obsessive component is masked, first, by the similarity of the behavior which it produces to that produced by normal drinking, and second, by the patient's unawareness of this presence within him until the obsessive force is almost overwhelming. Because of both the similarity and the unawareness, the compulsive element may for a considerable time be ignored or overlooked, accounting thereby for previous failure to identify the factor of illness.

Clinically the compulsive symptomatology is much easier to detect in its final stages. In the course of time the individual so afflicted

realizes that he is riding a runaway horse which is taking him along regardless of his own wishes. While the victim may bluff and bluster even to himself that he is still the master, the facts to the contrary become increasingly obvious. Friends, job, family, appearance, health, all slowly are lost or affected until it is obvious that the individual's own welfare is completely at the mercy of the alcoholic craving.

It is difficult to note the compulsion in its infancy when overt behavior very often in no way differentiates the compulsive drinker from others. The surest criterion, in the writer's experience, is a slow build-up in frequency of drinking and in the quantity of liquor ingested. The build-up is not a matter of days, weeks, or even months; years must elapse as a rule before sufficient perspective is available to afford a basis for judgment. A careful investigation of the drinking history, usually supplemented by reliable informants — when they can be turned to without causing trouble — will generally disclose whether or not the individual's drinking habits are gradually taking a turn for the worse. When that is noted, the compulsive factor is probably at work.

The nature of the pathology underneath the compulsion is obscure. The process of alcoholism may be compared with the process of cancer, as currently conceived. It is now held that the cells of the body tissues, in widely varying degrees, all have a cancer potential which can flower into cancer under suitable external provocation. Once the stimulus from without has goaded the potential into action, the time comes sooner or later when the action continues automatically of its own momentum. Then, even if the irritant outside of the cell is withdrawn, the cancer continues to develop along lines characteristic of its particular type.

Similarly within the psyche of the future alcoholic there resides a potential psychic mechanism which, under proper nourishment from external sources, gradually moves into action until finally the individual realizes the potential has grown into an actuality which has usurped control over behavior and become a compulsion. This is not to say that the alco-

¹ *Ibid.*

holic is a person who has a continual compulsion to drink; what he does have somewhere in his mental makeup is a set of factors which, when aroused, result in an unconquerable craving to take alcohol. And the unfortunate fact for the alcoholic is that this set of factors is somehow touched off with considerable regularity.

Moreover, as with cancer, the alcoholic process once started and under sufficient impetus will carry on automatically, growing worse and worse until death or mental disintegration results. Unless some treatment arrests the process, deterioration is inevitable; hence the significance in the symptomatology of noting accurately any steady shift for the worse in the patient's drinking habits. As an aid in determining the presence of a compulsive element, there is no substitute for an accurate history of the drinking behavior.

Any endeavor to be specific about the compulsive pathology of the alcoholic is at the present time impossible. The necessary knowledge simply does not exist. Actually there is no present agreement as to whether there is more than one basic type of compulsive activity, nor for that matter is there any agreement as to whether or not there is a type of compulsion which characterizes the alcoholic and distinguishes him from other sufferers from compulsive ways of thinking and feeling. Most authorities see psychoneurotic features in the alcoholic. Only a few, however, including the present writer, believe that there is a specific constellation which may be considered typically alcoholic and which accounts for a significant number of the group.¹ For the most part, alcoholism as a sickness is held to be a manifestation of some underlying, nonspecific psychoneurotic distortion, varying widely both in nature and expression and alike only in the common symptom of excessive drinking.

Moreover, there is still no accord on the question of a physical component in alcoholism, the disease. Many side-step the issue by referring vaguely and in nonspecific terms to the allergy of the body. Others are searching for an unknown factor which may explain the selectivity which picks from the large mass

of drinkers a certain few who are destined for trouble. Here, again, the writer finds himself in a minority which dissents from the majority opinion that there is a physical factor concurrent with whatever psychic elements exist. It is the two combined, according to most workers in this field, which bring about the illness.

In the light of the fragmentary knowledge of pathology, treatment still must, and does, remain largely on the empirical level. At present, of the three treatment approaches usually adopted, two are empirical and the third is based merely upon the stubborn belief that, ultimately, psychological understanding can be attained and that when it is, psychotherapy will be available. In the main, empiric measures succeed when the more scientific method of understanding still largely fails.

Alcoholics Anonymous

The first of the empirical techniques developed in recent years is that used by the group known as Alcoholics Anonymous. Founded in the spring of 1935 with two members, this organization has experienced a remarkable growth. New members were slowly added until the success of the method began to be noised about. Then the gain in members gathered momentum until in February, 1946, the central office estimated the membership to be 24,000 with 752 groups scattered all over this country and Canada, and extending to Australia, Brazil, Finland, Mexico, and New Zealand.¹ These groups function actively to keep their own members sober and try with equal vigor to bring in others, an essential step in maintaining the sobriety of the already "dry" members.

The Alcoholics Anonymous program, which in essence amounts to a therapeutic procedure, is codified into 12 steps² which, if followed out sincerely, will stop the drinking. As one of their leaders has pointed out, these

¹ In 1938, purely as a practical development, the members of Alcoholics Anonymous created the Alcoholic Foundation, Inc., to look after the business and financial aspects of their program. It was organized to assure the maintenance of a voluntary, nonprofessional atmosphere which it was deemed essential to preserve.

² See Alcoholic Foundation, Inc., *A.A. (infra)*.

¹ See Tiebout, *infra*.

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steps include many different psychological maneuvers of known therapeutic value.¹ Alcoholics Anonymous, in addition, has provided a resource in the group itself, an additional one in the work with other alcoholics, and probably the keystone resource of all, the religious factor, which permeates the whole program and is undoubtedly essential to the success of the organization.

Since Alcoholics Anonymous got under way the percentage of success has been remarkably high, the New York office stating that roughly 50 per cent stay "dry" from the start and that another 25 per cent, after some initial difficulties, achieve sobriety. As time goes on the percentage who remain permanently "dry" may slowly decline, but the program has been in effect long enough to establish its value as a treatment of the disease.

The Conditioned-Reflex Treatment

Second of the empiric methods is the conditioned-reflex treatment.² It is based upon the induction of automatic reflex vomiting of alcohol by giving an emetic and then having the patient drink just before the emesis is due. The physiological aversion thus created frees the person from his obsession. A course of treatment is often followed, in four to six months, by a reinforcing treatment which helps to insure more lasting results. A leading exponent of this method of therapy, and the originator of it in its present form, claims 50 to 60 per cent success in establishing sobriety. Another gives a figure of 60 per cent. Other clinics are as yet unwilling to offer any statistics, as they are both new at the procedure and have not had enough time to evaluate results.

Without exception all practitioners of the conditioned-reflex treatment advocate psychotherapy as an essential additional element in their curative program, and some have advised patients to join the local Alcoholics Anonymous group. Why the practitioners resort to psychotherapy even if only on the guidance level is not at all clear, but it seems to suggest that they view the aversion set up as

merely one step in providing a sufficient period of abstinence to establish a new and different way of life.

Psychotherapeutic Treatment

The third type of treatment approach is psychological. Unfortunately, while no one questions the importance of underlying emotional factors in contributing to alcoholism, psychotherapy with an occasional notable exception has proved disappointing. Many psychoanalysts refuse to accept alcoholics, deeming them not suitable for that method of therapy. Re-education, guidance, environmental readjustment, all have their triumphs but too infrequently to warrant any hope that a successful method transmittable to others has been derived. Although one or two practitioners claim considerably better results, a 10 to 15 per cent recovery rate is average. The Yale Plan Clinics, combining psychotherapy with the help of a social worker, report that nearly 60 per cent of the patients who accept treatment attain sobriety. It is too soon to say whether or not this figure will persist.

Prerequisites to Successful Treatment

Despite the present lamentable state of the psychotherapy of alcoholism, and for that matter any kind of therapy for a vast number of cases, agreement has been won on certain major points. First, all authorities agree that no type of treatment can succeed if the alcoholic himself does not want help. Assistance cannot be imposed. Second, once the disease has developed its own automaticity, there can never be a return to normal drinking. In other words, the only safe goal for the abnormal drinker is total and complete abstinence. Third, all the physical factors, including alcohol, must be eradicated before the drinking habit can be tackled.

Even more hopeful than the establishment of these hard-won areas of agreement is the certainty that the large number of investigators at work on the problem will in time clear the way for increasingly sharper and more precise understanding. No one who knows the field would today call it static. Ten years

¹ See Alcoholic Foundation, Inc., *Medicine Looks at Alcoholics Anonymous* (*infra*).

² See Shadel, *infra*.

ago such a note of optimism could not have been struck.

Agencies in the Field

For a long time the only group in any way attempting to meet the problem of alcoholism were the temperance forces, who chiefly relied upon prohibition to combat the condition. After the setback of their efforts by the repeal of the prohibition amendment to the Constitution, in 1933, the next organized effort to grapple with the problem was the founding in 1937 of the Research Council on Problems of Alcohol. Stimulated by the belief that in the scientific method lay the only possible chance of solving the problem and backed by far-seeing individuals from both the prohibitionists and the liquor interests as well as by scientists in the fields of psychiatry and allied disciplines, the Council was established to foster research and to provide a medium for the dissemination of the known facts about alcoholism to the lay and scientific public. Under the scientific leadership of Dr. A. J. Carlson, it has proceeded steadily with its emphasis upon research as the *sine qua non* of future progress in the field. It sponsors, initiates, and occasionally is in a position to finance the work of various investigators. It also engages in educational activities through the issuance of literature for both lay and scientific readers.

Next to enter the field was a group of scientists at Yale University where, since 1930, Dr. H. W. Haggard had been engaged in the study of the influence of alcohol upon the human body. As an outgrowth of these studies, his interests broadened to cover the personal and social aspects of the problem, with the result that the program began to expand and assume national significance. In 1940 the *Quarterly Journal of Studies on Alcohol* was started by the Yale group. In 1941 Dr. E. M. Jellinek joined the staff and a special University section on studies of alcohol was formed. Summer institutes on alcoholism have been held each summer since 1943. In 1944 the Yale Plan Clinics were opened, the first extramural clinics limited exclusively to the handling of the alcoholic. At present they represent prob-

ably the only university activity along these lines.

In September, 1944, a new type of organization was formed. Sponsored and backed by the Yale group, the National Committee for Education on Alcoholism was set up to educate the public with respect to alcohol. With an executive director selected from the ranks of Alcoholics Anonymous, and utilizing that group as a channel to the more general public, it has focused its efforts upon spreading knowledge of the disease concept of alcohol through local groups specially formed for the purpose. It has, in addition, served as a source of information about alcoholism to other groups, such as social workers.

The latest organization to join the fight is the National Committee on Alcohol Hygiene. The Committee was established in October, 1944, under psychiatric leadership, with the purpose of furthering the correlation of the knowledge about alcohol and the education of the public along scientific lines. It issues the bimonthly bulletin, *Alcohol Hygiene*.

Programs on both the state and local level have recently been initiated. New Jersey and Connecticut have passed laws creating commissions especially designed to combat alcoholism and to promote prevention, the latter state having adopted the principle of utilizing a certain percentage of the funds obtained from the tax on liquors. At least four other states have appointed committees with funds to examine the possibilities for state action. New York City recently opened a retreat operated by the Welfare Department's Bureau of Alcoholic Therapy. Other communities have taken or are planning to take steps to meet the issues which alcoholism creates. Developments along state and local lines are a welcome sign, since only through action which reaches individuals can effective measures for either treatment or prevention be adopted.

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HARRY M. TIEBOUT

ALIENS AND FOREIGN BORN.¹ A significant phenomenon of recent American life has been the steady decline in the number of persons of foreign birth in the population. To some extent this decline may be attributed to temporary conditions engendered by World War II and the world-wide depression which preceded that conflict. In large measure, however, it represents a long-range trend that has resulted from the policy of restricted immigration stemming from the quota laws of 1921 and 1924.

In 1910 there were 13,345,545 persons of foreign birth in the United States, and they constituted 14.7 per cent or about one-seventh of the inhabitants of the country. By 1930 the aggregate had risen to a record total of 14,204,149, but they comprised only 11.6 per cent of

our population. The 1940 census reported 11,594,896 foreign-born inhabitants, a net loss of over 2,600,000 in that ten-year period. In that year the total represented only 8.7 per cent of the population. Although no figures are presently available it is certain that there has been a further marked decrease since the last census enumeration.

Before 1940 the mortality losses in each decade were more than compensated by net immigration, but in the decade between 1930 and 1940 immigration declined sharply, exceeding emigration by less than 70,000, while the mortality rate of the immigrant population reached a new high. Prior to World War I the median age of the foreign born remained at about thirty-eight years. With the reduction of migration during that war and with the subsequent restrictions on immigration, the median age of the foreign born rose steadily, exceeding forty-four years in 1930 and reaching fifty-one years in 1940. According to estimates prepared for the National Resources Planning Board, the foreign-born population of the United States, unless replenished by immigration, will be reduced to less than 8,700,000 by 1950 and will continue to diminish rapidly thereafter.

Alien Population of the United States

The foreign-born population includes aliens and naturalized citizens. No accurate record of the number of aliens in the United States was available until 1940. A direct count of the number of aliens was provided for the first time under the Alien Registration Act of that year. At the end of the original registration period in December, 1940, the Immigration and Naturalization Service reported a total of 4,921,452 aliens. There have been few new arrivals since then, while the alien population has been sharply depleted by deaths, departures, and a record volume of naturalizations. By January, 1944, the registered total of aliens had shrunk to 3,692,597, although this figure was concededly excessive because of an incomplete reporting of deaths. It has been officially estimated by the Immigration and Naturalization Service that the resident alien population on July 1, 1945, was only 3,050,000. Although

¹ For names of national agencies in this field listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

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no later official estimates or figures are available, it is clear that the number fell well under 3,000,000 during 1946.

The geographical distribution of aliens in the United States approximates that of the foreign born. In 1943 New York State had the largest alien population with a registered number of 1,178,974, slightly more than one-fourth of the total for the United States. California had the second largest alien population at that time, 487,122, followed in descending order by Massachusetts, Pennsylvania, Illinois, Michigan, and New Jersey. In general, the largest concentrations of aliens are to be found in the Northeast and in the Canadian and Mexican border states. The southeastern states contain the smallest number of aliens, both relatively and numerically. The aliens, like the foreign born as a whole, are predominantly urban in residence.

Wartime Measures Relating to Aliens

During the war aliens of enemy nationality became subject to many restrictions and regulations limiting their activities. Soon after the Pearl Harbor attack all nationals of Germany, Italy, and Japan¹ were declared enemy aliens, were restricted in traveling and in the possession of certain articles such as cameras, firearms, radios, and so forth, and were thereafter required to register and obtain "certificates of identity." Nationals of Bulgaria, Hungary, and Roumania were classified as enemy aliens some months later.

The United States, unlike other belligerent nations, never resorted to mass internment of aliens from enemy countries. Aliens of such nationality considered potentially dangerous were subject to internment for the duration of the war. Such internment was ordered, however, only after hearings by specially constituted boards and review of each case by the Attorney General. Those ordered interned were housed in internment camps operated by the Immigration and Naturalization Service. As of June 30, 1943, at the peak of the internment program, the number of civilian in-

ternees totaled only 9,220, distributed among 16 detention camps. This figure should be compared with the aggregate of more than one million aliens of enemy nationality in the United States at the outbreak of hostilities. After the war terminated, the internment program was liquidated as rapidly as possible.

Another wartime program of entirely different complexion was the importation of foreign labor from Western Hemisphere countries. The acute manpower shortage within the United States led to requests for permission to recruit workers from near-by countries. Entry was effected under agreements with the Mexican government in August, 1942, and with the governments of the Bahamas and Jamaica in March and April, 1943, which contained guarantees of wage rates, living conditions, and eventual repatriation.

Legislation to implement this program was adopted by Congress on April 29, 1943, and was extended and perfected by a series of subsequent enactments. This legislation authorized the temporary importation of workers from Western Hemisphere countries to assist in the production, harvesting, and processing of agricultural commodities. The program was scheduled to expire December 31, 1946.

Up to June 30, 1946, 188,130 Mexican agricultural laborers had been admitted, of whom 43,088 were still in the United States. By agreement with the Mexican government, the maximum number of such laborers in the United States at any time is fixed at 75,000. There has been also a considerable importation of workers from the Bahamas, Barbados, Jamaica, and Newfoundland. As of June 30, 1946, agricultural workers from those places still in the United States totaled 5,952 Bahamians, 3,187 Barbadians, 9,589 Jamaicans, and 669 Newfoundlanders.

In addition to those employed in agricultural or related activities, there has been a substantial importation of workers for other types of employment. Under the 1943 agreement with Mexico, 125,464 nationals of Mexico have been imported as railroad track and maintenance-of-way workers, of whom 64,990 were still in the United States on June 30, 1945. However, recruitment under this program

¹ For a detailed account of the Japanese-American relocation program see "Japanese-Americans" in *Social Work Year Book* 1945.

Aliens and Foreign Born

ended August 25, 1945, and virtually all of such workers thereafter were repatriated. On June 30, 1946, only 3,000 of them remained in the United States, consisting of those serving terms of imprisonment, those unable to travel because of illness, and deserters whose whereabouts are unknown. Small groups of nationals of various Western Hemisphere countries have been admitted temporarily for industrial employment at the request of specific employers.

Immigration Under the Quota Laws

Numerical limitations on immigration have now been in effect for more than twenty-five years. The first Quota Act was enacted May 19, 1921. This was temporary legislation, which was succeeded three years later by the Immigration Act of May 26, 1924. The 1924 Act established the national origins system of allocating immigration quotas which is still in effect.

Annual quotas of immigrants who may be admitted to the United States have been established under the 1924 Act. Each country outside the Western Hemisphere is allocated a quota; these range from a minimum of 100 allowed to many nationalities to the maximum of 65,721 for Great Britain and Northern Ireland. The established quotas for all countries total 153,874.

The quotas have never been completely filled, and generally the quota immigrants admitted during each year constituted but a fraction of the permitted total. A glance at the totals of quota immigrants admitted during the past eleven years is revealing (*see* Table I).

TABLE I

<i>Year</i>	<i>Quota Immigrants Admitted</i>
1936	18,675
1937	27,762
1938	42,494
1939	62,402
1940	51,997
1941	36,220
1942	14,597
1943	9,045
1944	9,394
1945	11,623
1946	29,095

Of course, during the war years migrations

were sharply curtailed. This is illustrated by a comparison of immigration (including quota and nonquota immigrants¹) with emigration from the United States during those years, as shown in Table II.

TABLE II

<i>Year</i>	<i>Immigrants Admitted</i>	<i>Emigrants Departed</i>
1941	51,776	17,115
1942	28,781	7,363
1943	23,725	5,107
1944	28,551	5,669
1945	38,119	7,442
1946	108,721	18,143

These totals should be compared with the last fiscal year of peace, 1939, when 82,998 immigrants were admitted and 26,561 emigrants departed.

It is interesting to observe that the aggregate of immigrants admitted during 1943 was the second lowest during the past one hundred years. The quota immigrants admitted during 1946 comprised only 18.9 per cent of the established quotas.

A number of general observations may be made concerning the operation of the quota laws, based on the experience of the past twenty-five years. First, it is clear that they have sharply curtailed the volume of immigration into the United States. In 1921, the last fiscal year before numerical limitation went into effect, 805,228 immigrants entered the United States. Only fractions of that total have come since then. Second, the 1924 Act does not appear to have accomplished its purpose of channeling immigration so that it would come predominantly from Northern Europe. In recent years the largest proportions of our immigrants originated in Italy, Germany, and in countries of the Western Hemisphere. Third, there has been a steady decline in the number and proportion of unskilled workers entering the United States. In 1914, when immigration reached a total of 1,218,480, only 1.2 of the immigrants were members of a profession and over 54 per cent were recorded

¹ Nonquota immigrants include (a) spouses and minor children of American citizens, (b) returning lawful residents, (c) natives of Western Hemisphere countries, (d) ministers or professors, (e) bona fide students at least fifteen years of age, and (f) women who lost American citizenship as the result of marriage.

as laborers, servants, or unskilled workers. In the decade 1931-1940 the proportion of common laborers dropped to 8.6 per cent of the total number reporting an occupation, and during 1941-1945 averaged only 5.2 per cent. In the meantime the percentage of immigrants with no occupation rose from 25.7 per cent in 1901-1910 to 58.1 per cent in 1931-1940, and 56.7 per cent in 1941-1945.

A substantial proportion of the aliens admitted to the United States since 1933 have been refugees from Nazi oppression. It has been estimated that about 243,300 refugees came to the United States between 1933 and 1944, of whom 67.6 per cent were Jews. The refugees as a group were on a considerably higher educational, financial, and occupational level than that occupied by the average immigrant coming to the United States. Many had enjoyed considerable success in professional and commercial pursuits, and they included some with outstanding reputations as artists, scientists, and businessmen. They have made very rapid adjustments to American life and institutions and have made a considerable contribution to the nation.

Immigration in the Postwar Period

The end of the war has brought the expectation of normal immigration. There is, of course, no prospect that a flood of new immigrants will seek to enter the United States, since the quota law fixes a rigid pattern of restriction. As yet the flow of immigration has not been very substantial, because most available transportation has been utilized by the home-coming troops and because conditions in many other parts of the world have been extremely unsettled.

One interesting feature of recent immigration has concerned the so-called war brides. During the war many thousands of our soldiers serving overseas were married to girls in other lands. Then they sought to bring their brides to the United States. At first this was a slow process. Virtually all transportation was utilized for war purposes and thereafter for transporting the returning troops. On December 28, 1945, Congress passed a special law to facilitate the entry of these brides. Soon there-

after the transportation bottleneck was broken and boatloads of wives and children started arriving in the United States. It is estimated that over 100,000 brides and tens of thousands of children of American servicemen eventually will come to live in this country. The American Red Cross has conducted an extensive program to aid the war brides upon their arrival in the United States and to make certain that they arrive at their destinations.

The immigration policies of the United States have played an increasingly important part in our foreign policy. A striking example of this is found in the efforts of our government to help find a solution for the problem of hundreds of thousands of persons who have become homeless and displaced as the result of the war. See FOREIGN RELIEF AND REHABILITATION. In order to provide an example for the other nations in dealing with displaced persons, President Truman issued a directive on December 22, 1945, to facilitate the entry of a limited number of such persons to the United States within the framework of our quota laws. The principal beneficiaries of this program are refugees who are natives of Central and Eastern Europe and the Balkans, which have a total annual immigration quota of approximately 39,000. The purpose of the President's directive is to establish machinery to enable refugees from those countries who can qualify under existing laws and quotas to come to the United States as speedily as possible. The machinery has been established and ships bearing such immigrants had begun to arrive in the United States by mid-1946.

There have been some proposals in Congress and elsewhere to modify our immigration laws, chiefly for the purpose of making them more restrictive. Some have urged that immigration quotas be drastically reduced or entirely suspended for the time being. Others have sought to gear to our national employment needs the type and number of immigrants we accept. The proposed limitations have encountered considerable opposition, and none of them has as yet received favorable consideration.

Aliens and Foreign Born

Naturalization

During the war years there was a phenomenal increase in naturalizations which reached its peak in 1944 when 441,979 aliens were granted citizenship. This should be compared with the average annual total of 154,702 for the decade 1931-1940 and 151,846 for 1921-1930. After declining to 238,450 in 1945, the number of naturalizations dropped to 150,062 in 1946. In view of the considerable depletion of the alien population and the virtual cessation of immigration during the war, it is anticipated that naturalization will remain at this reduced level for some years.

An important phase of citizenship activity during recent years has been the naturalization of alien members of the United States armed forces under authority granted by the Second War Powers Act of March 26, 1942. That statute provided a judicial naturalization process for those stationed within the jurisdiction of a naturalization court, and an administrative naturalization process for those serving abroad. Up till June 30, 1946, a grand total of 125,891 members of the armed forces had been naturalized under this special procedure. Of these, 110,250 were granted their certificates of naturalization in the United States, and the remaining 15,641 were naturalized while serving overseas.

Citizenship Education

Early in the present century naturalization came under national supervision, and minimum requirements were set with regard to the speaking of English. In 1914 the Bureau of Immigration and Naturalization recommended that school authorities, government agencies, members of the judiciary, business organizations, and other groups cooperate in a nation-wide plan for citizenship education. This effort was stimulated by the first World War, and resulted in an Americanization program placing emphasis on teaching our language and way of living to the foreign born.

At a later period, in the 1930's, classes for the foreign born were organized under the auspices of the Work Projects Administration. This program, which developed into the Na-

tional Citizenship Education Program in 1941, extended to almost all states and all major centers of foreign-born population. With the coming of World War II the program was gradually curtailed, and was terminated in February, 1943. Meanwhile, however, the Immigration and Naturalization Service has placed greater emphasis on its program of encouraging local agencies to undertake the promotion of citizenship classes and preparing textbook material for the use of naturalization candidates attending public schools. In 1946 the Immigration and Naturalization Service further implemented its citizenship education program by arranging to send to the public schools the names and addresses of all newly arrived immigrants. The schools then are able to inform them about the available educational opportunities in the community.

At the present time most of the northeastern states have some provision for state-wide supervision of education for the foreign born. The same is true for states on the West Coast; but the southern and midwestern states, most of which have small foreign-born populations, generally do not have active programs under state supervision. In some areas of important foreign-born concentration, provision is inadequate or lacking for the instruction of the adult foreign born and their preparation to meet naturalization requirements. This partial lack of educational opportunities is not only a handicap to aliens seeking citizenship but is also of wider national significance, the war having emphasized the importance of adequate education as a basis of military service, full manpower utilization, and citizenship.

Agencies in the Field

Many of the problems which confront immigrants are identical or similar to those faced by native Americans and can, therefore, be handled by general social agencies serving both groups without distinction. To deal with problems peculiar to the alien, however, specialized agencies have been established. Such agencies are organized on national, state-wide, local bases. Most of them are private agencies but a few are supported by public funds, such

as the Division of Immigration and Americanization of the Massachusetts Department of Education, the Service Bureau for Foreign Born People of the Delaware Department of Public Instruction, and the Division of Immigration and Housing of the California Department of Industrial Relations. In some local communities there are Americanization bureaus and citizenship bureaus which are wholly or partly maintained by public funds.

Because of space limitations it is possible to list merely the specialized agencies in this field. These include, as national agencies, the American Federation of International Institutes, Common Council for American Unity, Hebrew Sheltering and Immigrant Aid Society, International Migration Service, National Board of the Young Womens Christian Associations, National Catholic Welfare Conference, National Council on Naturalization and Citizenship, and the United Service for New Americans, Inc. Other national agencies such as the American Red Cross, National Federation of Settlements, National Travelers Aid Association, and The Salvation Army include special services to the foreign born in their programs.

In addition there are many local agencies some of which, such as the Immigrants' Protective League of Chicago, are widely known and exert influence beyond their own communities. International Institutes and International Centers are active in about 30 cities having large foreign-born populations. Originally branches of the local Young Women's Christian Associations, 21 of the International Institutes are now independent agencies, affiliated with the American Federation of International Institutes. Special divisions for work with the foreign born form part of the program of the Young Women's Christian Association in a number of communities.

Several of the national agencies listed above have branch offices in cities and towns in other sections of the country having a large foreign population. In addition, Americanization leagues, citizenship bureaus, interracial councils, and so forth, aid and advise immigrants in a number of cities. See *INTERRACIAL AND INTERCULTURAL ACTIVITIES*.

A number of social agencies and organizations have concerned themselves directly with problems of refugees. Among these are the former National Refugee Service (functions now carried on by United Service for New Americans, Inc.), American Friends Service Committee, National Committee for the Resettlement of Foreign Physicians, American Christian Committee for Refugees, Catholic Committee for Refugees and Displaced Persons, United States Committee for the Care of European Children, National Committee for Refugee Musicians, Hospites, Emergency Committee in Aid of Displaced Foreign Scholars, and others.

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¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

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EARL G. HARRISON

THE BLIND.¹ The legal definition of blindness in the United States declares that a person shall be considered blind who has "visual acuity of 20/200 or less in the better eye with proper correction, or a limitation in the fields of vision such that the widest diameter of visual field subtends an angular distance no greater than 20 degrees." The number of individuals who fall within the limits of this definition is a matter of conjecture based upon sampling, enumeration (of questionable accuracy), and estimates by specialists in the field. Only a small proportion of the population has received eye tests; and the tendency to cover up defects, or to minimize the amount of loss, greatly reduces the totals recorded. Since 1930, when 63,489 blind persons were reported, there has been no attempt made to make a census count of the blind. In 1935-1936 the National Health Survey, basing its

figures upon a sampling procedure, estimated a total of 107,000 blind persons, plus the 10,000 living in institutions. Later estimates have raised the figure to the neighborhood of 250,000 blind persons in the United States.

Modern medical science has steadily reduced the incidence of blindness from certain causes, especially through the control of trachoma and syphilis and the restoration of sight by cataract operations and corneal transplants. On the other hand, medical science has also been indirectly instrumental in increasing the number of blind people. Improved methods of caring for infants born prematurely may add to our total blind population as many as 500 children a year, as it is estimated that 12 per cent of children born two months prior to normal birth and weighing less than four pounds will be visually handicapped. Through the discovery of insulin the lives of many persons with diabetes have been saved; and since many of these have become blind as a result of the disease, their prolongation of life will be reflected in the statistics of blindness. Increased longevity due to other improved health measures, while increasing the number of older people, has markedly increased the total number of blind persons, since failing eyesight is an accompaniment of age. The National Health Survey reported that 29.7 per cent of blind persons are seventy-five years of age or over; 47.2 per cent are between fifty and seventy-four; 17.3 per cent are between twenty-five and forty-nine; and only 5.8 per cent are under twenty-five years of age. This would indicate that nearly three-fourths of the blind are over fifty years of age and that blindness is primarily a problem of old age.

Causes and Types of Blindness

In a study¹ published in 1934, the percentage distribution of blindness according to cause, based upon United States census figures for the whole blind population, was reported as follows: disease, 54.4 per cent; accident or other injury, 16.5 per cent; other definitely reported causes, 2.6 per cent; causes indefinitely or inaccurately reported, 25.5 per cent;

¹ See Best, *infra*.

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

and combination of causes 0.9 per cent. The Social Security Board (now the Social Security Administration), reporting upon 20,591 recipients of aid to the blind in 20 states during 1940-1941,¹ showed blindness from disease constituting 30 per cent of the total, of which 25 per cent is from infection; blindness from accident, 10 per cent; from prenatal causes, 10 per cent; from causes unknown to science, 29 per cent; and from causes not reported or determined, 21 per cent. In the report² of the Committee on Statistics of the Blind³ for 1942-1943, based upon a study of 4,309 pupils then in schools and day classes for the blind, blindness from disease was reported at 27 per cent, of which 23 per cent was from infections; blindness from accident, 7 per cent; from prenatal causes, 54.5 per cent; and from causes not determined, 11.4 per cent. The smaller percentages for disease and accident bear testimony to the prevention campaign; the larger percentage for prenatal causes, and the smaller percentage unknown in the report on children, are natural results of the movement to obtain accurate records when children enter school. The report on the schools is based on pupils whose ages range between five and twenty-five years; whereas in the study of the Social Security Board, less than 1 per cent is below twenty years of age, and only a little more than 30 per cent are over sixty-five years of age. There are no statistics on causes which cover the whole blind population except those reported in the first of the above studies.

In Dr. Best's report⁴ the chief types of blindness, in order of frequency of occurrence, were reported to be cataract, glaucoma, optic nerve atrophy, ophthalmia neonatorum, and trachoma. In the Social Security Board report cataract, optic nerve atrophy, and glaucoma headed the list, constituting 45 per cent of all eye conditions. In the Committee report, cataract was still at the head of the list and optic nerve atrophy next; the other types mentioned

by Dr. Best were by then rare causes of blindness in children, and the emphasis was on a long list of causes with a small percentage of cases. See SIGHT CONSERVATION.

Blind Children

Although the number of young blind persons is relatively small in comparison with those of advanced years, this group was the first to attract attention in this country. In 1784 a movement for better institutional care with an educational objective had begun in Paris. Valentine Häuy, aroused by the derision directed at blind musicians in a cafe, founded a school for the blind and developed an embossed type for their instruction. Dr. John D. Fisher, a young Boston physician, came in contact with this school while in France and resolved to develop a similar program for the blind in his own country. Enlisting a group of friends, he secured a charter from the Massachusetts Legislature in 1829 to found a school, which has since developed into the Perkins Institution and Massachusetts School for the Blind. Similar private schools for the blind were soon chartered in New York and Philadelphia. From the pioneer work of these three schools, interest in the blind has extended until there are now 58 residential schools for the blind, most of which are state-maintained. The first state-supported school was founded in Ohio in 1837. Twenty-two cities now provide Braille classes in their public schools. Enrollment in these schools and classes was 5,831 as of January 1, 1946. Of this total, 559 were in Braille classes.

Practically all of the residential schools begin at the kindergarten level, although there has been a recent tendency in a few schools to accept pupils of preschool age. The approved practice now is to keep preschool children in their homes or in foster homes with field supervision. Adequate educational opportunity is provided in all of the residential schools through the grades and, in most of the schools, through high school. In a few schools pupils are sent to near-by high schools for instruction in the upper grades, the school for the blind providing residence, books, appliances, and tutorial assistance. Opportunity

¹ In a memorandum to the author.

² See Kerby, *Eye Conditions Among Pupils* . . . (*infra*).

³ Organized in 1933 by the American Foundation for the Blind and the National Society for the Prevention of Blindness.

⁴ *Op. cit.*

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is provided for outstanding students to go to regular colleges, there being no special college for the blind. Superior blind students may go on to professional schools. Blind students are able to carry on regular college work but they need reading service for texts not available in Braille. There has been an increase in the number of "talking books," and the use of recording devices is proving beneficial to some students. Sixteen states provide state funds for the payment of readers. Under Public Law 113 many blind persons are able to secure financial aid through the rehabilitation departments of the states. This service includes readers, guidance, counseling, training, and placement. Prosthetic devices may also be provided. The same provision is made for World War II veterans under Public Law 16. *See VOCATIONAL REHABILITATION.*

Blind Adults

The philosophy underlying the program for the education of blind children has been that with good training they may be helped to find a productive place in community life. To the extent that they have been unable to do this, other help has had to be provided. Here again, philanthropic persons have led the way in the creation of many private organizations. One of the first of these was the Massachusetts Association for Promoting the Interests of the Adult Blind (1903), the name of which implies the breadth of its program. Another is The Lighthouse, founded in New York City (1905), which has set the pattern for many others. It maintains a center where classes are held and from which field workers go out to assist the blind in the community. Another type of organization is the American Foundation for the Blind (1921), which sponsors research, supports legislation, and acts as a clearinghouse for many groups. A more recent organization is the Eye Bank for Sight Restoration (1945) which is conducting research and providing opportunity for corneal transplant. For the listing of all organizations for the blind, see *Directory of Activities for the Blind in the United States and Canada, infra.*

The first legislation providing for blind assistance from public funds was enacted in

Indiana in 1840, but it was not until after 1900 that organized state programs for the blind were generally established. In 1903 Illinois set up the first law that has continued in operation, and in 1907 Massachusetts created the first state commission for the blind which inaugurated a program of service beyond financial aid. These programs have multiplied until now practically every state makes some provision for assistance to the blind through special agencies, most of which are either divisions of the department of welfare or of the department of education. Their programs have been extended to include, in addition to financial assistance, home teachers, home industries with outlets through sales organizations, placement programs in private industry, and workshops for those needing sheltered employment. Registers of the blind are kept in most states, and a certain amount of work is done leading toward sight restoration.

State programs for the blind were greatly extended through the enactment of the Social Security Act in 1935. States which did not have programs at that time were enabled to start them through the assurance of federal assistance. Title X of this Act provides a federal matching of state funds for financial aid to needy blind persons. Before October 1, 1946, this matching was on a 50-50 basis up to a maximum federal contribution of \$20 a month. Since then, under legislation enacted in July, 1946, the federal government has been authorized to provide two-thirds of the first \$15 and one-half of the next \$30, or a total of \$25 toward any \$45 monthly grant made from both sources.

Aid to the blind under this program, as reported for July, 1946, was received by 74,470 persons in an amount totaling \$2,543,637. The average payment per month was \$34.16, the highest being in Washington, \$60.43, and the lowest in Kentucky, \$13.34. These figures include programs administered without federal participation in Missouri, Nevada, and Pennsylvania. Delaware, the last of the states to adopt aid to the blind, initiated its program in 1945. Alaska and Puerto Rico do not administer aid to the blind, although Hawaii

does. *See* Aid to the Blind in PUBLIC ASSISTANCE.

In evaluating the number of recipients it must be remembered that to receive money under the Social Security Act a person must be classified as "needy," and that in many states blind persons reaching the age of sixty-five years are transferred to the old age assistance program. During 1945, six states either raised or eliminated the maximum on individual assistance payments. The 78th and 79th Congresses had before them many bills to amend the Social Security Act, including a proposal to remove Title X and care for the blind along with others; a proposal for a special fund for the blind similar to the old age and survivors' insurance fund; and a proposal to encourage thrift by ceasing to deduct money earned by the blind from the sums given for assistance. No action was taken regarding these proposals.

Since 1930 the blind have benefited by much special legislation. Prior to that time the only federal funds available were \$10,000 annually, allocated since 1879 to the American Printing House for the Blind to provide textbooks for schools for the blind. This amount has been increased to \$125,000, and the program extended to include the manufacture of appliances and "talking book" apparatus and records. The American Printing House also publishes 15 periodicals including the Braille and "talking book" editions of a popular magazine.

The Pratt-Smoot Bill, passed in 1931, made federal funds available for reading matter for the adult blind. Originally intended for books in embossed type, this legislation was later amended to include the recording of books. The selection of books, both embossed and recorded, is under the direction of the Library of Congress and the books are distributed postage free by 27 regional libraries scattered throughout the country. In June, 1944, the original appropriation was increased to \$500,000 a year and broadened so that "talking book" machines could be provided and kept in repair. In August, 1946, Congress increased the appropriation to \$1,125,000 annually, but did not appropriate funds to put the law into

operation. Of this new total, \$200,000 must be expended for books in raised characters and the balance may be used for sound reproduction and recordings, and the purchase, replacement, and maintenance of reproducers.

In 1936 the Randolph-Sheppard Act authorized the opening of vending stands in public buildings for the sale of newspapers, periodicals, confections, and tobacco products by licensed blind persons. This has enabled many blind persons to find profitable employment. The Wagner-O'Day Act of 1938, requiring federal departments to buy as needed such articles as brooms, mops, and so forth, from workshops for the blind, at a fair market price, has resulted in a great deal of business. The 1945 report of the National Industries for the Blind, created to supervise and to extend the business available under this Act, stated that since January 1, 1939, 2,500 sightless men and women in 53 workshops in 29 states have supplied the United States government with vast quantities of articles including, as one item, 45,355,565 pillow cases. In 1940 an amendment was attached to the income tax law which permits blind persons to deduct an amount up to \$500 for special expenses incurred as a result of blindness. In 1943 the Barden-LaFollette Act, Public Law 113, enlarged the program of rehabilitation so that the federal government may now reimburse any state for 50 per cent of its expenditures for "any service necessary to render a disabled individual fit to engage in a remunerative occupation." Rehabilitative training and medical examinations will be provided to all employable handicapped individuals. Medical and surgical care, hospitalization, prosthetic devices, maintenance while in training, and transportation will be provided for those who pass a means test. In addition, the federal government will reimburse the states for expenditures incurred in the administration of the program. The law provides that the part of the program pertaining to the blind shall be administered by existing state agencies for the blind.

Under the Barden-LaFollette Act of 1943 the Office of Vocational Rehabilitation was set up in the Federal Security Agency with a

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section entitled Services for the Blind. Most of the attention during the 1945 fiscal year, the first full year of operation, was centered upon securing personnel and in conducting institutes to train workers for state programs. In the first report of the section it was estimated "that about twelve thousand of the employable blind in the United States can be rehabilitated through employment in production industry." During the second full year of operation ending June 30, 1946, \$1,116,142 was granted to 30 state agencies or commissions for the blind, for rehabilitation purposes. There were 8,012 blind persons who received services through these agencies during this year. Of these, 982 completed their rehabilitation and were placed in jobs with estimated total annual earnings of about \$1,160,000. In addition, 437 blind persons were rehabilitated and placed in employment by the state vocational rehabilitation agencies in the 16 states not having separate agencies for the blind.

Care of the War-Blinded

The Clark-Walsh Bill, Public Law 16, passed in 1943, placed the responsibility for the retraining of the disabled veterans of World War II in the Veterans Administration. At first little was done under this law beyond granting pensions, because both the Army and the Navy had set up programs for adjusting and training their men while they were undergoing medical and surgical care in hospitals. Upon completing hospitalization, blinded soldiers and sailors were discharged from the Army and Navy and turned over to the Veterans Administration for services. A supervisor of training for blinded veterans was appointed in the central office, and as the load of blinded clients increased, the Veterans Administration in 1945 set up a special staff of members in each regional office to deal with their affairs. Public Law 309, passed in 1944, appropriated money for guide dogs and mechanical and electronic devices needed to overcome the handicap of blindness, but few articles have been assigned under this legislation. Veterans desiring guide dogs have usually dealt directly with The Seeing Eye, Inc., on terms so generous that they did not need to

apply for government aid. Each veteran, at the outset of his blindness, has been provided with a Braille watch by the American Foundation for the Blind.

Effective October 1, 1945, under Public Law 182, monthly pensions for war-blinded persons were increased and rated as follows: blind in both eyes with 5/200 visual acuity or less, \$200; blindness in both eyes, \$235; anatomical loss of both eyes, \$265. These pensions were increased 20 per cent as of October 1, 1946. Workers for the blind have found it difficult to understand these distinctions, as the person with eyes which do not see is often worse off than the man who has had his eyes removed and replaced by plastic eyes of the superior quality which were developed during the war. Figures of the exact number of persons awarded pensions for blindness in World War II are not yet available. General Hines reported September 13, 1944, that "there are a total of 3,648 veterans on the compensation and pension rolls who are totally blind or have not more than 20/200 vision in the better eye." This included veterans of all wars. A study made in 1946 indicated that there were in Veterans Administration hospitals and homes 337 blinded veterans of whom 8 were veterans of World War II, 307 of World War I, and 14 of the Spanish-American War. The others lost their sight from non-service-connected causes.

Early in the war the Army decided to concentrate its blinded casualties at the Valley Forge General Hospital, Phoenixville, Pa., and at the Dibble General Hospital, Palo Alto, Calif. In July, 1944, the Army opened a retraining center, designated as Old Farms Convalescent Hospital, in Avon, Conn. Practically the entire blinded personnel of the Army, in groups of about 150, passed through an eighteen-week course of social adjustment and aptitude exploration at this center. The program is now being closed and the few remaining blinded soldiers requiring long hospitalization are being cared for at the Valley Forge General Hospital. The Army reports that there have been approximately 1,200 blinded cases during World War II.

The Navy began its program for the blinded

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in July, 1944, at the Naval Hospital in Philadelphia where medical and surgical treatment was provided and a coordinated course of re-training was carried on with the assistance of the New York Institute for the Education of the Blind. Up to July, 1946, a total of 175 blinded cases had been admitted to the Hospital. Of this number 104 were marines. The program closed in September, 1946.

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¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

² See Part Two for present address.

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GABRIEL FARRELL

BOYS' AND GIRLS' WORK ORGANIZATIONS.¹ This article is devoted to a discussion of leisure-time services provided for elementary and high school age boys and girls, primarily in groups. For activities and organizations for older youth see YOUTH SERVICES.

There are numerous organizations providing leisure-time services for boys and girls. The organizations discussed in this article, however, will be limited to those which function primarily within the social work orbit and have the following characteristics² in common: (a) major focus on adolescents and youth; (b) maintenance of a membership relation to their constituency; (c) service preponderantly educational and recreational, leisure-time, or group work; (d) affiliated local units throughout the country, carrying on local services to adolescents and youth and employing professional staffs trained in education, recreation, or group work; (e) maintenance of national offices and national services available to local communities; (f) local units which are in the main supported by joint financing in local communities; (g) nonpolitical purposes and activities; and (h) total local membership of over 100,000 individuals.

These agencies differ considerably in the extent to which they use social group work philosophy and methods. See SOCIAL GROUP WORK. Two of the organizations, the American Junior Red Cross and the 4-H clubs, differ from the others in terms of sponsorship. The Junior Red Cross also differs in that its orientation of service to others contemplates educa-

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

² These represent the basis for affiliation with the former Associated Youth Serving Organizations, Inc. This agency became an integral part of the National Social Welfare Assembly in 1946.

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tional experience as a by-product, whereas the other organizations begin with recreational interests and build on them toward educational and service aims.

All of the boys' and girls' work organizations discussed in this article devoted their attention in 1945 to a consideration of postwar needs, working through a Committee on the Postwar Needs of Children and Youth, of the National Education-Recreation Council. There was general recognition that the satisfying of basic needs for this age group in the postwar period would be affected by the following problems growing out of the war experience: family upheavals brought about by the transition from war to peace; relaxation of moral standards and emotional restraints; interrupted educational and vocational programs; abnormal living conditions if inflationary measures persist; increased interracial and intercultural tensions; and readjustment to the normal pattern of peacetime living. The problems of rural boys and girls would be further aggravated because of the increase of educational inequality during the war resulting from the closing down of thousands of rural schools and the lowering of teaching standards. There was a general attitude that boys and girls should be given an opportunity to help themselves, but at the same time there was recognition of the responsibility of adults in providing the necessary support and services.

These organizations indicated that planning for the postwar needs of boys and girls was being carried out through special conferences, committees, research, and the issuance of publications to promote planning. The following areas were receiving special emphasis: a program of education in world affairs; needs of special groups in the society, such as minorities; prevocational training; vocational guidance and general guidance, including individual counseling; augmented health and physical education services; mental hygiene services; recruitment and training of volunteer leaders; and the expansion of self-governing councils.

Evaluation is being made of projects developed during wartime to determine which ones represent emergency measures and which

merit continuation. Experience with the high school age group in the "teen-age canteen," for example, has revealed that many earlier impressions of this age group were erroneous. Various studies had revealed a dropping off of membership at this age level in many agencies, and the cause had been attributed to their heavy school schedule. The more flexible teen-age program during wartime, however, with greater opportunity for coeducational activities and for participation in planning and executing activities, attracted large numbers of boys and girls and revealed that this age level desires a group experience providing it is not adult-dominated. The canteen experience also shed new light on the role and value of mass activities when properly planned and related to smaller group activities.

The war experience pointed up the importance of trained leadership in dealing with boys and girls. The general unrest and the resulting difficulties in adjustment revealed the need for a method which was concerned with the development and adjustment of the individual. Agencies varied in their approach toward this objective, depending on their earlier history and performance, but general progress was made in recognizing activity as a tool in personality development rather than as an end in itself. The closer relationships among the agencies during wartime in the Associated Youth Serving Organizations, Inc., and in the National Education-Recreation Council (now the Education-Recreation Council) on the national level, in councils of social agencies on the local level, and among workers in the American Association for the Study of Group Work (now the American Association of Group Workers) helped to crystallize educational principles and objectives. This included an exploration of a common professional base and the use of common sources for trained personnel, such as schools of social work and schools of education.

Organizations are coming to realize that there is no place for isolation in leisure-time services if the postwar needs of boys and girls are to be met. There is recognition that the closer relationships between organizations, both governmental and voluntary, as stimu-

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lated by the war, must be continued. Cooperation has already gone beyond the usual exchange of information and has revealed the following potentialities: joint study of problems of boys and girls; joint planning of new services; joint financing in many communities; exchange of information and insight on a wide range of matters calculated to lead to enriched programs, better planning, and higher standards in all organizations participating; and broadening of working relationships with other groups interested in boys and girls, such as the schools, labor unions, housing authorities, and religious institutions. In the relationship between governmental and voluntary organizations there is healthy recognition that it is no longer a question of "either or" but rather of "both," if the needs of boys and girls are to be met adequately.

The American Junior Red Cross

The American Junior Red Cross—the American Red Cross in the schools—is an organization made up of almost twenty million boys and girls enrolled in public, private, and parochial schools. As a service organization it supplies and encourages service activities which bear a direct relation to the curriculum in organized education. For example, in recent years Junior Red Cross projects have to a very large extent been carried on as part of the curriculum in art, manual training, and home economics classes. Other projects originate in the school group but are carried out through community projects.

Junior Red Cross objectives are suggested by the traditional pledge: "We believe in service for others, for our country, our community, and our school; in health of mind and body to fit us for better service and for better human relations throughout the world. We have joined the American Junior Red Cross to help achieve its aims by working together with members everywhere in our own land and other lands."

The Junior Red Cross makes available to its members all the resources of the Red Cross in this country and throughout the world. These resources are utilized to aid Junior Red Cross members in promoting personal habits

of health and safety; practicing good citizenship locally, nationally, and internationally; acquiring a sense of responsibility for the health and welfare of others; and creating an appreciation of the lives and problems of other peoples.

Membership in the Junior Red Cross is earned through service. In the elementary school the unit of enrollment is the home room. Each room upon enrollment receives a copy of the official Junior Red Cross magazine for the elementary schools, the *Junior Red Cross News*. The enrollment fee is 50 cents per room. In the secondary school a copy of the *Junior Red Cross Journal*, the official secondary school magazine, is given to each group of 100 members upon enrollment. The enrollment fee for the secondary school is \$1.00 per 100 pupils. In 1946, Junior Red Cross members numbered approximately 20,000,000.

During the war, Junior Red Cross members concentrated their energies on a manifold program of production for the armed forces, salvage, first aid, home nursing, messenger service, and so forth.

Program emphasis at present stresses international relationships and services. The executive committee of the National Education Association of the United States recently voted to participate in the educational rehabilitation of Europe at the elementary and secondary level, with the American Junior Red Cross as the authorized channel for such relief. Since January, 1945, Junior Red Cross has expended \$1,880,914 on educational gift boxes, medical chests, and educational and health chests for children in war-ravaged nations. Part of this amount came through appropriations from the National Children's Fund of the Junior Red Cross, maintained since 1919 by voluntary contributions; more than half represents the dollar value of gift boxes filled by purchases of members. This program is being expanded as needs become clearer and as transport and distribution become easier.

Both professional and volunteer leadership is found in the Junior Red Cross organization. Volunteer workers include the teacher-sponsors, Junior Red Cross chairmen, and Junior

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Red Cross committee members; and number in the tens of thousands. *See* VOLUNTEERS IN SOCIAL WORK. Paid staff, professional and clerical, at national headquarters and in the five area headquarters and the more than 3,700 chapters having Junior Red Cross members total about 250 persons.

Boy Scouts of America

The Boy Scout program is planned to meet the needs of boys from nine to eighteen years of age. The general objectives are to promote, through organization and cooperation with other agencies, the ability of boys to do things for themselves and others; to train them in Scoutcraft; and to teach them patriotism, courage, self-reliance, and kindred virtues. In the accomplishment of these objectives the national body, the Boy Scouts of America, engages the participation of boys in a progressive program involving advancement of opportunities and recognitions for achievement as related to the several classifications of the Scout membership.

The basic program of the Boy Scouts falls under three headings: Cub Scouting—for boys nine to eleven years of age inclusive; Boy Scouting—for boys twelve years of age and upward; and Senior Scouting—for boys fifteen years of age and upward. Senior Scouting includes Air Scouting; Sea Scouting; and Explorer Scouting and Rover Scouting (for boys of college age).

In June, 1946, the total active membership was 1,978,119. Of this number, 1,508,913 were boys from seven through eighteen years of age, and 469,206 were adults. During the war years the professional leadership increased from 1,393 to 2,197.

Scout groups are sponsored by an institution such as a church, a building-centered boys' or girls' work organization, a school, a service club, or a group of citizens. Activities include the following: for Cubs, a variety of skills and games centered around the home; for Boy Scouts, camping, swimming, trail building, woodcraft, nature study, and the development of physical fitness; for Senior Scouts, activities in the four phases of the program as

indicated above with opportunities offered for vocational exploration.

The Air Scout program was recently revised in the interest of simplification and in recognition of action of the executive board in approving conditions under which Scouts may fly. The Army Air Forces have detailed 12 officers, one for each of the Scout regions to assist in the promotion and development of Air Scouting by supplying technical aid in the field of aviation. The Explorer Scout program has also been revised and is showing healthy growth. This program is an extension of the Boy Scout experience for young men of Senior Scouting age.

There are certain common denominators in the program of the three branches of Senior Scouting, including vocational exploration, community relationships and service, and social activities featuring programs with young women. During 1945 the trend has been toward further coordination of the three branches of Senior Scouting, and regulations were adopted creating what is known as the Senior Scout Outfit, a unit which may use any of the three branches of Senior Scouting as a basis for its activity.

Postwar program emphasis is being placed on (a) a swing from war service to peacetime service, dramatizing the opportunities for boys and young men to serve a community in these postwar days; (b) a step-up in activities and requirements having to do with physical fitness and mental alertness, based upon experience obtained in the test of Scoutcraft skills during the war years; (c) the rediscovery of America—emphasis upon the exploration of the places throughout the land where the high tradition of the American way of life has been established during the years; (d) more specific emphasis upon citizenship training for life in a democracy; (e) a re-emphasis upon the Scout "good turn"; and (f) strong emphasis upon world brotherhood.

Boys' Clubs of America

In June, 1946, there were 260 local Boys' Clubs with over 250,000 members affiliated with the national organization, known as Boys' Clubs of America. The principal objec-

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tives of the national organization are to assist Boys' Clubs by giving information and advice; conduct research and initiate planning; assist in the establishment of Boys' Clubs; and generally to promote the growth of the movement in the United States.

The philosophy of the Boys' Club is to provide boys in low economic areas with the opportunity for the wholesome use of leisure time, the building of health, the development of recreational and vocational skills, and leadership and guidance which produce men better fitted for the responsibility of citizenship. Membership is open to boys without restriction of nationality, religion, or social or economic conditions. All Boys' Clubs are required to provide suitable facilities which can be identified as a club for boys, including sufficient floor area and room spaces suitably equipped for carrying on a diversified and constructive program of activities.

Each local Boys' Club provides a program for boys between the ages of eight and twenty-one years. The majority of the membership is between the ages of twelve and sixteen years. Members are usually grouped on the following age basis: midgets, eight to ten years; juniors, eleven to thirteen years; intermediates, fourteen to sixteen years; and seniors, seventeen to twenty years.

Activities include physical and health training, medical examinations and corrective follow-up, swimming and life-saving instruction, vocational training and guidance, libraries and reading rooms, cultural groups and activities, and behavior guidance. During the war the program was geared to the war effort. Plans for the postwar period include greater participation in community service projects; greater membership participation in the operation of the club; emphasis on vocational guidance; special services for veterans; and the organization of alumni associations.

It is the practice of the Boys' Clubs to utilize both paid and volunteer staff in carrying out programs. Paid staff members in 1946 included 609 full-time and 1,099 part-time workers. Volunteer workers, exclusive of local board members, numbered 967.

Camp Fire Girls

The Camp Fire Girls program is planned to meet the needs of girls from seven to eighteen years of age. The purpose is to supplement the training young girls receive in the home, church, and school, and to offer a balanced program of leisure-time activities that combine fun and learning.

The program is built around the following three age groupings: Blue Birds, seven to nine years of age; Camp Fire Girls, ten through junior high school age; and Horizon Clubbers, senior high school through junior college age. It stresses knowledge of the crafts and skills related to the home. Girls also acquire skills in the following crafts: outdoors, creative arts, frontiers (science), business, sports and games, and citizenship. Camp Fire Girls, whose philosophy is "learn by doing," are awarded honors for successfully completing projects in the above crafts. Although cultivation of skills is important, the development of personality is a primary objective of the Camp Fire program. There is recognition of the adolescent girl's needs for an opportunity to make friends and to become both self-reliant and cooperative in association with a group of her own age.

War service was an important part of the program during the war. In preparation for the postwar period the national council of the organization drew up a statement of objectives which recognized the profound changes that girls of Camp Fire ages would face in their personal and social lives. In this connection the following areas were singled out for special consideration and development: training for democratic living; relation to returning veterans; vocational competence; broadening of national and international understanding; development of cultural resources; and community cooperation.

Peacetime service activities include cooperation with such organizations as the Needlework Guild of America, through which the girls make infants' clothes for those in need; Save the Children Federation, for which they have dispatched "treasure chests" of books to all parts of the world to aid in re-establishing war-devastated libraries; United Nations Re-

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lief and Rehabilitation Administration, which they assist by canning and allocating foods for that agency's distribution among the world's hungry; and numerous local community service projects.

Camp Fire groups are under the leadership of volunteers. Each group is sponsored by community-spirited citizens, and leading members of the community make up the local councils which direct the Camp Fire work, employ executives and staff, and operate camps. The membership as of June, 1946, was approximately 360,000.

4-H Clubs

The 4-H clubs are a part of the national system of extension work in agriculture and home economics carried on by the Extension Service of the United States Department of Agriculture, the state colleges of agriculture, and cooperating county extension organizations. These clubs are an educational enterprise providing rural youth between the ages of ten and twenty years with opportunities for developing desirable ideals and standards for farming, homemaking, and community life; acquiring worthwhile farm and home skills; training in cooperative action; developing habits of helpful living; and instilling an intelligent understanding and an appreciation of nature. As an educational enterprise it shares in the objectives common to all educational institutions and movements in its concern with the development of individual abilities and capacities for learning, intellectual and moral character, qualities of effective citizenship, and the like. Approximately 1,700,000 rural young people were members of 75,000 4-H clubs in 1946, under the immediate guidance of 180,000 local volunteer leaders.

The average club program covers not only agricultural, homemaking, and community improvement projects, but also general activities such as team demonstrations, music appreciation, individual and community health improvement, farm and home safety, tours and nature hikes, exhibits, camping, and special events. Each club is guided by a local volunteer leader who, in turn, receives training

and supervision from the county extension agent. Extension agents also help interested groups of rural boys and girls to organize 4-H clubs and develop their own programs.

Some of the goals emphasized by the 4-H clubs during the war are continuing to serve as the main theme in their postwar program. These include production and conservation of food, practice in democratic living, understanding the important social and economic forces now at work, and the steps to take in developing the "good neighbor" spirit at home and abroad. The total program is being expanded and intensified to help strengthen the spiritual and moral defenses of rural youth against the psychological letdown and confusion which follows the cessation of a war.

Girl Scouts

The Girl Scout program is planned to meet the needs of girls from seven to eighteen years of age. The general objectives are to help girls become happier, more resourceful people, and active, intelligent citizens. In April, 1946, the total active membership was over 1,147,788. Of this number, more than 800,000 were girls from seven through seventeen years of age; the others were adults.

The Girl Scout program is planned as one program and adapted to girls of various age levels. There are three age groupings: Brownies, from seven through nine years of age (or the second through the fourth school grades); Intermediate Girl Scouts, from ten to fourteen years of age (or the fifth through the eighth grades); and Senior Girl Scouts, from fourteen to seventeen years of age.

The program is planned on broad educational lines, its purpose being to provide constructive group experience through which girls can develop self-reliance, initiative, consideration for other people, and a sense of social responsibility. The Brownies begin with home activities moving gradually into community service. The program of the Intermediates includes arts and crafts, community life, health and safety, homemaking, international friendship, literature and dramatics, music and dancing, nature, the out-of-doors, and sports and games. Senior Scouts carry on an active

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community service program. To the regular program the Senior Scouts have added Mariner Scouting for those who are interested in water-lore, and Wing Scouting for the aviation enthusiasts.

During the war, Girl Scouts were active in Red Cross and conservation work. In 1944 a guide was drawn up for postwar planning. With this as a base both the girl and adult membership developed "the plan of work for 1945-1947." The two important goals emphasized were "International Friendship" and "Understanding Our Own Community Better." Many of the postwar activities are being related to these aims.

More than 99 per cent of the adult membership of the Girl Scouts is made up of volunteers who serve as troop leaders, program consultants, board and committee members, and advisers. In 1946 there were approximately 1,000 professional workers—Girl Scout executives who assist local Girl Scout boards in the administration of and planning for Girl Scouting in a given community or area.

National Jewish Welfare Board

During 1945 the National Jewish Welfare Board served 288 Young Men's and Young Women's Hebrew Associations and Jewish Community Centers in the United States and Canada. Among these affiliated organizations there were 427,000 members, of whom 114,500 (26.8 per cent) were under fourteen years of age and 70,500 (16.5 per cent) were between fifteen and eighteen years of age.

In this program for children and youth the National Jewish Welfare Board provided program materials, consultation service, leadership training, personnel placement, and intergroup activities. The local Jewish Centers offer boys and girls opportunities for well-rounded activities, including social, educational, recreational, vocational, cultural, and health activities. Clubs for boys and girls, special interest groups, committees and interclub councils, individual guidance services, and a large variety of mass activities are provided.

During the summer months Jewish Centers conduct home camp, day camp, or country

camp programs for children fifteen years of age and under. For the teen-age group many Jewish Centers set up "teen-age canteen" programs to furnish opportunities for social and recreational activities. These are flexible and are designed to encourage increased participation in various aspects of Jewish community life and to train Jewish youth for intelligent citizenship through democratic group experience.

The National Jewish Welfare Board encourages the expansion of local Jewish Center services for Jewish boys and girls. Functioning through the Youth Committee of the Jewish Center Division it seeks to develop Jewish Center youth councils, intercultural youth activities, and more effective leadership training for group work. Jewish Centers emphasize the type of group work program which seeks to meet the needs and interests of children and young people through the club, council, youth conference, discussion group, mass activity, special interest group, forum, gymnasium, and health programs.

In connection with postwar plans, efforts are being made to encourage the development of local youth committees, youth councils, leadership training programs, in-service training of professionals, and cooperative planning with other youth-serving agencies in order to intensify the effectiveness of the Jewish Center program for boys and girls. Local studies of the Jewish Center program are being conducted in many communities to evaluate existing projects and to determine new areas of service that need to be explored. For the program for older boys and young men, see National Jewish Welfare Board in YOUTH SERVICES.

Young Men's Christian Associations

The Young Men's Christian Association (YMCA) has been described in a resolution adopted by the National Council of Young Men's Christian Associations of the United States of America as "being in its essential genius a world-wide fellowship of men and boys, united by a common loyalty to Jesus Christ for the purpose of developing Christian personality and building a Christian So-

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ciety." The YMCA seeks to apply this purpose among boys in home, school, church, and all other relationships. To this end it provides opportunities for them to become healthy, well-balanced, and responsible citizens; to learn how to live together as members of our democratic society and to work unitedly for the common good; and to grow in their understanding and love of God and in their loyalty to Jesus Christ.

In seeking to achieve these objectives, the program carried on by local YMCA's is frequently, although not exclusively, building-centered. Building facilities which include clubrooms, recreational rooms, gymnasiums, and swimming pools are used as program resources for member groups. The program is also carried on through summer camps and in groups that meet away from a central building in schools, homes, churches, and other community facilities. Program groups and services include Y-Indian Guide Tribes, made up of fathers and sons; Gra-Y Clubs, for grade school boys nine to twelve years of age; Jr. Hi-Y Clubs, for boys twelve to fourteen years of age; Hi-Y and Tri-Hi-Y Clubs, for boys and girls fifteen to seventeen years of age; special interest groups around crafts, music, dramatics, or athletic teams; health and physical education classes; teen-age social and recreational programs; and individual counseling. The first four program groups listed are most frequently organized on the basis of friendship, residence in the neighborhood, or attendance at the same school or church. The other groups are organized chiefly on the basis of interests of individual participants.

At the beginning of 1946 there were 1,345 Associations with a membership of 1,411,341, of whom 494,115 were boys seventeen years of age and younger (330,645, fourteen and under, and 163,470, fifteen through seventeen). At that time there were 25,536 boys' groups recorded. There were also 8,655 Hi-Y and Tri-Hi-Y Clubs with an enrollment of 254,704 members.

The practice throughout the YMCA is to have a qualified leader attached to each of these groups. In most instances these leaders

are volunteers. The professional boys' work secretary or director serves as the supervisor for group and other leaders.

Plans for the postwar period include the following: a continued expansion of group work in the neighborhood, school, and church-centered programs; increased emphasis on citizenship training through the Hi-Y youth and government program, community service projects, and public affairs programs; an expanded training program for group leaders; and increased attention on problems of individual adjustment such as vocational guidance and sex education.

For the program for older boys and young men, see Young Men's Christian Associations in YOUTH SERVICES.

Young Women's Christian Associations

Over 500,000 girls under eighteen years of age are members of regular Young Women's Christian Association (YWCA) activities. A new name for this group, Y-Teens, was launched in September, 1946, taking the place of the former designation, Girl Reserves.

In its work with teen-age girls, the YWCA affords opportunities for girls to work and play with girls and women of varied backgrounds, and for them to grow and develop in their personal and social adjustment to the modern world. Activities are aimed at meeting the ever-current needs of adolescents for health and recreation, creative experience in the arts, understanding of the world of work, satisfying personal relations with girls, boys, and families, convictions about and acquaintance with problems of social concern, and practice of religion in everyday living. A policy of open membership in keeping with the Christian purpose of the YWCA, and a membership of women and girls in a national and international organization, provide a natural setting for understanding people different from oneself in experience, age, race, or nationality.

Various kinds of groupings and a variety of activities are used in the YWCA program. Small clubs, large clubs, camp conferences, interclub councils, committees, and coeducational canteens are commonly found in

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YWCA's. Club meetings are held in YWCA buildings, in schools, community centers, churches. Canteens and "hangouts" are found in YWCA's, in YMCA's under joint YWCA-YMCA operation, in school buildings, in empty stores.

The trend toward increased coeducational activities, especially canteens and one-day conferences, accelerated during the war, has continued. Another recent trend is the more active participation of junior members in this youth-adult organization, discussing with adults common community, national, and world concerns, planning together for "teen-canteens" and world fellowship observances, and attending all-Association conferences. Because of increased tension between minority and majority groups in this country, considerable emphasis has been placed on program that will further good human relations and better understanding of persons "different" from oneself. The great human needs in war-devastated countries and the very fact of belonging to a world-wide organization have focused attention on both relief activities and on "international education" including an understanding of the United Nations. Contributions of money and of material aid to the YWCA World Emergency and World Fellowship Funds, as well as to numerous relief agencies, have continued to increase rapidly in the past year. These have proved a tangible way in which adolescents could contribute toward the better world of their hopes and dreams.

Teen-age program in the YWCA varies with the neighborhood, economic status, mores, past experience, and stage of development of girls, the training and experience of leaders, and the size and meeting place of groups. Group activities are organized by city, town, and district YWCA's. The principal work with rural girls is carried on through district Associations. In communities where there is no local Association it is possible to organize a unit known as a Registered YWCA.

For the programs for older girls and young women, see Young Women's Christian Associations in YOUTH SERVICES.

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NATHAN E. COHEN

CAMPING. The organized summer camp is distinctly an American invention. It has gradually spread to other countries—in Europe, South America, and the Orient—but the greatest physical expansion and the most refined developments in camping have taken place in Canada and the United States. So numerous are the agencies now operating organized camps and so rapid is the growth of camping that any estimate of the number of organized summer camps and of individuals enrolled annually in these camps would be largely conjecture. Ten thousand camps, with an enrollment of three to five million persons, is perhaps a conservative “guess.”

Stages of Development

In reviewing the half-century of camping in America one can discern three fairly distinct stages in its development. These may be roughly classified as the recreational stage, the educational stage, and the stage of social orientation and responsibility. These stages of development overlap and no specific dates mark the transition from one to another.

In the beginning, camping experience was

primarily recreational in purpose and content. The emphasis was on rugged outdoor experience, the recapturing of the pioneer spirit and manner of life, the regaining by the city dweller of the liberating and refreshing contact with the resources of nature. In a sense, camping was viewed as a wholesome antidote or compensation for the effects of the industrialization and urbanization in our culture. Such objectives as health, character development, or social adjustment were considered important, but it was taken for granted that these came as inevitable concomitants of an adventurous experience in “nature’s wonderland.” In those days it was assumed that character was contagious and therefore was “caught” rather than “taught” or achieved by an understanding and control of the conditions later considered essential for its development.

With the 1920’s came the transition to the educational emphasis in camping. This trend reflected directly the upsurge of interest and advance in the social sciences—in psychology, mental hygiene, sociology, progressive education, and personnel administration. The literature on camping grew in volume and in “educational” flavor. Such titles as *Camping and Education* and *Camping and Character* are typical of the trend in the writing of this period.

These were years, also, when critical appraisal and testing were in the air and “the acids of modernity” were eating their way through the custom-built walls of many social institutions, including the summer camp. Students of health created a furore among camp leaders by investigations the results of which suggested that the longer a child stayed in a summer camp the more likely he was to become sick. Other investigators, using character and personality tests or rating scales, aroused similar questioning about the character values of camping. The notion that health, personality, and character came “by contagion” was abandoned and camping became deliberately educational in purpose, program, method, and leadership.

This shift of emphasis did not necessarily mean that less stress was placed on the values of the outdoor, primitive type of activity—

campcraft, nature lore, swimming, canoeing, riding, and woodcraft. There was an enrichment of program to include more arts and crafts, music, dramatics, and similar activities. But primarily the new trend represented a systematic attempt to identify, to understand, and to provide the conditions necessary to the achievement of the camp's objectives in the development of health, personality, character, and social adjustment. To achieve these objectives more fully camping objectives were formulated more specifically and realistically; program was conceived and directed as the total process of living in the camp community; mental hygiene insights were brought to bear upon the understanding of individual campers; the staff counselors and instructors were selected, trained, and supervised from the standpoint of their role as educators; the insights of group work were applied to the grouping policies and practices; and doctors, dietitians, and the other prerequisites of a health-yielding camp experience became a normal part of the camp organization.

The decade of the 1930's brought the depression, the rumbling march of fascism in Europe and the Orient, and a growing social consciousness in the nation. In response to these conditions there came an accelerated development of a sense of social responsibility in the camping movement. This took several forms, three of which are of conspicuous and continuing significance.

First, there was a systematic and collective effort to formulate and apply standards to the operation of camps. The formulations of standards covered every phase of camping — organization, administration, health, safety, sanitation, program, and personnel. This effort to cast educational and health insights and procedures into the systematic formulation of camp standards was a sign that the summer camp was "coming of age" socially. It meant that agencies and directors operating camps were no longer willing to permit the relative immunity of camps from public scrutiny or accrediting agencies to exempt them from a sense of social obligation and accountability.

Second, the impetus to community planning for camping emerged in this period. Camping

began to move from its individualistic and laissez-faire basis to a concern for cooperative planning among camp leaders and agencies in the community. Spearheaded by camping associations and councils of social agencies, there developed a serious attempt to think of the camping needs of all the people in the community and to consider how resources might be secured and utilized to meet these needs.

Third, as the threat to democracy in other parts of the world became apparent, the concept of democracy and its significance for camping took on both a deeper and more urgent meaning. This demanded the recasting of the objectives, program, organization, and leadership of the summer camp.

The War Period — Gains and Losses

An accurate appraisal of the gains and losses in camping during the war years must await both more reliable information than is yet available and also the perspective that time alone can give. Camps, like other community agencies, were pressed hard to carry a heavier load of responsibility under conditions that taxed their ingenuity and adaptability. The preliminary inventory of gains and losses in camping presented here is based on a limited inquiry and is intended to be suggestive, rather than an authoritative account of what happened during the war years.

As would be expected, the most conspicuous loss was in leadership. This was especially, but not exclusively, true in boys' camps. Standards of leadership in many camps were lowered decidedly. These camps relied heavily on boys of high school age as counselors, even though the generally approved standards set two years of college experience as a minimum qualification. There were, however, some compensating or balancing factors in the leadership situation. Women counselors were engaged by many boys' camps as an emergency measure but so commendable was their performance that some camps, at least, adopted this practice as permanent policy. There was also a tendency to employ more older staff people and to recognize that if mature staff personnel, particularly if married, were to be attracted to camping, more adequate provision needed to be made

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both in salaries and in living facilities. Salary levels for camp staff were raised generally, a development long overdue in many camps.

Some loss in the area of camp program was almost inevitable as a consequence of less competent leadership. The losses most frequently cited by camp leaders included a tendency toward more regimentation and more centralized controls as a means of offsetting an immature leadership; more emphasis on "activity" and less on the basic factors of group life and the group process; and tendency for counselors to use more authoritative, as contrasted with democratic, methods of leadership; less variety and less creative experience in program; less use of mental hygiene insights in guiding the personality and social adjustment of campers, since many counselors were so immature that they frequently were as much in need of personality guidance themselves as were the campers; and some loss of ground in health and sanitation standards because of the shortage of medical and nursing personnel.

The foregoing losses in the program area were somewhat compensated for by certain gains. Work experience in farming, forestry, conservation, and so forth, became an important element in a number of camps. There was a tendency to be less dependent on "fancy equipment" and to make a more imaginative use of the resources and facilities indigenous to the camp setting. It was learned that older boys — a diminishing number of whom had been enrolled as campers — could be attracted to the summer camp if a radically different experience were provided for them. Some progress in the development of interracial camping took place. Day camps grew in number tremendously, as camping experience was provided within easy accessibility of communities for tens of thousands who were unable to take advantage of the distant and secluded camps in the mountains or the woods.

Altogether the camp emerged from the war years with a record of notable achievement and a wider public acceptance of the place of camping in recreation, education, and community life.

Next Steps in Camping

In view of the trends in camping to date and the situation at the end of the war, it is possible to indicate the directions in which future developments in camping may move.

The ground lost in camp standards during the war should be recovered and the application of desirable standards further extended. At present there is practically no protection or assurance for parents and the public as to the quality or the adequacy of the camp except their confidence in the agency or individual operating it. Even the amount of the camp fee gives no reliable index of the merit of the camp. A minimum of protection from the standpoint of health is provided by law in some states. Camps operated by social agencies are subject to the same channels of community influence through boards, committees, and councils of social agencies as are the other phases of the social welfare program. Camps operated by agencies with a national organization come under the influence of standards that have been given national agency sanction. The privately owned and operated camp, which constitutes a significant part of the total camping enterprise, is in a position by itself. Since it is not in the class of the nonprofit agency, it is subject to the charge of being "commercial." This stigma could be avoided if private camps were to organize boards of directors and become incorporated as nonprofit agencies in the same manner as private schools or other educational agencies, but there are no signs that this is likely to take place in the immediate future. The most important step now is for all camps, individually and collectively, locally and nationally, through camping associations and councils of social agencies, to review the standards as formulated to date,¹ to revise them where desirable, and then to plan concrete measures for the embodiment of these standards in camp practice.

A marked extension of camp experience among various groups in the community and nation seems now to be desirable. More opportunities and facilities are needed for family

¹ See American Camping Association, *infra*.

camping, for young adults, including veterans and their wives, for the rural population, and for industrial workers. The disadvantaged groups in our communities, whether minority, cultural, or racial groups, low-income groups, or otherwise, should be given special consideration in camp planning.

A rapid expansion in camping under public auspices may be expected. The development is likely to proceed along two main lines. The spearhead thrust of this expansion of camping may come from the inclusion of camp experience as an integral part of education. So far there has been more talk than action about the possibilities of camping under public school direction. But there are growing signs that school leaders are recognizing that camping experience could become an important, if not an essential, part of the education of the American child. Another development is the anticipated expansion of camping under municipal auspices and a greater use of municipal, state, and federal camp facilities.

Increased diversity and variety in types of camping experience should be encouraged. Until recently there has been a tendency to think of camping too much in standard or stereotyped terms. The camp has been thought of as a definite place with a certain kind of site and equipment. The war experience in camping has helped to register the fact that camping is a kind of experience that can take place in a great variety of ways and settings. Day camps represent one of the expressions of this more fluid conception of camping. Winter camping represents another, and farm and other kinds of work camps, still another. Mobile and caravan camping, if greatly extended, would be a way to put camping "on wheels." Travel camps in foreign countries may increasingly become a valuable method of international education.

The gains made in the program of camps during wartime should be consolidated and extended. Several moves seem to be indicated here.

First, the approach to older adolescents needs to be restudied. Prior to the war many camps were finding it difficult to attract older campers, especially those who had been in camp for

a number of years. One pioneering lead for the future may be found in the wartime experience with work — farming, forestry, or conservation — as a normal phase of the camp program. This was one of the most conspicuous wartime innovations in camping. Many leaders in the camping movement now believe that the only justification for an older boy or girl to spend more than a short vacation period in camp is that he or she may do some useful work. This is in harmony with the proposal of the American Youth Commission¹ that a new educational synthesis of school, work, and camp is essential to effective education. The significance of work is not limited to its economic or social value, great as that may be. The carrying of responsibility and the performance of socially useful work by youth is an inescapable prerequisite to the achievement of maturity in the development of personality and to adequate education for responsibility in adult society.

Second, more coeducational camps and more coeducational activities in camps for one sex seem to be desirable for adolescents. Education for wholesome heterosexual living cannot take place in a vacuum. The camp offers a very favorable and natural setting for a wisely guided coeducational experience.

Third, the more distinctive or unique functions of camping should be given increasing emphasis. The camp is better equipped than any other existing agency to perform such functions as the facilitation of the emancipation of children from their parents, the socialization of behavior in the group and camp community setting, and the development of resources of interests and skills for creative leisure-time living. The camp's uniqueness lies in large part in its opportunity to provide experiences in out-of-door, primitive living. The programs of too many camps consist largely of city activities transferred to another environment.

Finally, camps may be expected to move quickly to regain lost ground in the use of group methods and to develop further refine-

¹ American Council on Education, *Youth and the Future: General Report of the American Youth Commission*. 296 pp. Washington, 1942.

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ments in these methods. See SOCIAL GROUP WORK. Some of the more progressive summer camps have given demonstrations of group work at its best. Amid the dislocations of the postwar community the experience of children and adolescents in a significant, well-integrated group in the summer camp setting may be a highly valuable means of facilitating the integration and stability of their conduct.

An expanding camp movement will require new dimensions in planning among camps and other social, educational, religious, and recreational agencies in the community. The major essentials of such planning may be reduced to three functions. First, the camping needs of the entire population of the community should be ascertained cooperatively by the appropriate groups representing the educational and recreational interests of the community. Second, agencies should cooperate more fully in the pooling of information about campers before and after the camp season, to insure that the camp experience of the individual may be related significantly to his year-round experience in the community. Third, cooperative planning is necessary to insure the most adequate utilization of available camp facilities and to develop additional facilities that may be required to satisfy unmet needs.

A large forward development of camping in the coming period will demand an educational and professional maturing of the organized camping movement. The American Camping Association, with its 34 sections in the United States, Hawaii, and Canada, and the national agencies operating camps have a large role to play in these professional achievements. There needs to be a united impact made on the public in the interpretation of the educational purposes and functions of camping. The objectives and possibilities of camping are as yet but little understood outside of camping circles. Parents of campers still expect too little from the camp experience and are without dependable guides or safeguards in the selection of camps for their children.

There is considerable talk of camping as a "professional" field. At least two conditions will need to be met before this claim or aspiration is fulfilled. A systematic body of knowl-

edge and skills, oriented to the camp setting, will need to be developed. Camp directors will need to secure education or training in this specialized knowledge and practice. As yet camp directors represent a great variety of backgrounds and vocations.

A more thorough training of all camp counselors is another step that must be taken if camping is to achieve full maturity as an educational enterprise. There has been a gradual increase in the number of short training courses for both directors and counselors. Longer and more inclusive courses, attended by tens of thousands of directors and counselors, would greatly accelerate the educational maturing of camping.

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HEDLEY S. DIMOCK

CANADIAN SOCIAL WORK.¹ By virtue of her political background and the sentimental attachments of a majority of her people, reinforced by an economic system dependent upon a high volume of exports to Great Britain and major trade routes which run east and west, Canada has for long had much closer ties with Europe (particularly with Great Britain) than with the United States. But the circumstances of geography are overpowering and the influence of the neighbor to the south is enormous, so that the visitor from the United States sees few superficial signs of having left his homeland when he visits Toronto, Winnipeg, or Vancouver. Only in French Quebec, with about 30 per cent of the total Canadian population of some 12,000,000, does he find marked differences. The French Canadians, with their own distinct characteristics, reflect most clearly a third element in the Canadian culture pattern, an indigenous factor to be found also in English-speaking Canada.

In social work, as in all branches of Canadian life, the effects of these cultural forces — British-European, American, and native — are very apparent. The pattern of social work is dominantly "American" (in the sense of "United States"). But there are many evidences of European influences, British and French Catholic, and there are also native or indigenous characteristics. Instances of support for these generalities will be found in

the brief sketch of the social services, public and private, and of the social work movement, which follows.

Economic Aid

Except in Quebec, Canada's services of economic assistance have "poor law" roots, as in the United States and Great Britain. But only in Nova Scotia and New Brunswick are there poor laws, dating from colonial days, on the statute books. In Ontario and the western provinces of Manitoba, Saskatchewan, Alberta, and British Columbia the poor law doctrine of local responsibility for the destitute is expressed in brief sections of municipal acts, such as that of British Columbia which authorizes each municipality to "make suitable provision for its poor and destitute." Essentially these are permissive rather than mandatory provisions, leaving general relief and medical care for the needy to the discretion of the basic units of local government — the municipalities — which consist of large cities like Toronto, Winnipeg, and Vancouver, towns and villages of various sizes, and rural townships and districts, many of the latter ranging down in population to only a few hundred people. In Ontario, Saskatchewan, and British Columbia the provincial governments make substantial grants toward municipal relief for "unemployable" cases, and considerable progress has been achieved toward uniformity, at a minimum standard of adequacy, in this basic service of public assistance. But in the remaining provinces the local provisions for general relief are as uncertain and as variable as in the numerous states in the United States, whose legislatures make no grants toward general assistance.

Local responsibility for the relief of economic need has long been recognized as inadequate, and the provincial and federal governments have established schemes of categorical assistance and social insurance. Beginning with Manitoba in 1916, all of the provinces except Prince Edward Island have enacted mothers' allowances legislation to provide cash grants, on a needs basis, for mothers and children lacking the support of a male breadwinner. These schemes are administered

¹ For names of national Canadian agencies see Canadian Agencies in DIRECTORY OF AGENCIES in Part Two.

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by the provincial governments and are entirely financed by them except in the case of Alberta, whose municipalities contribute some money. "Old age pensions" for needy persons over seventy years of age and "blind pensions" for sightless persons over forty years of age are payable at a maximum rate of \$25 a month in all provinces under a joint Dominion-provincial scheme dating from 1927, whereby the Dominion meets 75 per cent of the costs and the provinces the remainder. The provincial governments, which administer these schemes, generally supplement the federally authorized grants to the extent of \$3.00 to \$5.00 a month. During the depression years 1930 to 1941 the Dominion made huge grants to the provinces and through them to the municipalities for unemployment relief. Although federal aid began three years earlier in Canada than in the United States, it was not accompanied by such vigorous administrative leadership from the center as the Federal Emergency Relief Administration offered nor did it spawn much in the way of related or succeeding federal schemes for special purposes such as the Civilian Conservation Corps, National Youth Administration, Work Projects Administration, and Farm Security Administration. Moreover, it did not lead to an over-all social security program. In consequence it did not exert nearly so much influence upon the provincial and local social services as did the Federal Emergency Relief Administration, and its continuing effects have been minor rather than major.

However, one very important result of the depression experience is the national system of unemployment insurance and employment offices, authorized by legislation enacted in 1940. Since 1918 there had been provincial employment offices supported in part by federal grants. These existing offices were taken over by the Dominion government as essential to the administration of the insurance act, which offers the bulk of Canadian wage-earners benefits up to \$14.40 a week for a maximum period of one year and is financed jointly by contributions from employers, employees, and the Dominion. The only other social insurance provisions are the provincial

systems of workmen's compensation established from 1915 (Ontario) to 1928 (Quebec) in all provinces except Prince Edward Island.

In the Family Allowances Act of 1944 Canada has moved ahead of the United States to introduce to North America a new type of social security. The plan, as amended slightly in 1946, provides for the payment of cash allowances to families in respect of virtually all children under sixteen years of age who are attending school, except for those who have not resided for three years in the country. The rates range from \$5.00 a month for those under six years of age to \$8.00 for those aged thirteen to fifteen, with reductions in respect of the fourth and succeeding children in any one family; and average payments per child have ranged close to \$6.00 a month. The scheme is adjusted to the income tax system so that as incomes rise families receive progressively less benefit, decreasing to none for the upper income groups. For the first year of operations, July 1, 1945, to June 30, 1946, expenditures of \$232,735,000 were made entirely from federal funds, while in July, 1946, 1,430,367 families with 3,349,361 children benefited, at an over-all average of \$13.99 per family or \$5.97 per child. Administration is carried on by the federal Department of National Health and Welfare through regional offices in each province, and is very simple, since there is no means or income test involved. Although there was much controversy regarding the introduction of the scheme, it received nearly unanimous support from all parties when put to a vote in the House of Commons, and it appears to be very popular now with all except the highest income groups.

Health Services

Public medical care, traditionally linked with poor relief, is now partially emancipated from this old and undesirable association. For twenty-five years or more there has been a common pattern of provincial government grants to hospitals and of statutory obligations upon the municipalities to contribute toward the costs of care for indigent patients. In return for these grants and payments the hospitals, which may be municipal or voluntary

nonprofit institutions, are required to admit all patients requiring care. In Ontario, Saskatchewan, and British Columbia there are now general programs of extramural medical service for public assistance recipients.

During the depression decade there was much interest in health insurance, and acts were passed in two provinces, Alberta (1935) and British Columbia (1936), but were never put into operation, partly because of the opposition of the medical profession. Wartime discussion and planning for social security led to endorsement of the principle of health insurance by the Canadian Medical Association, and to an official Dominion proposal, in 1945, for a broad program of public health and public medical care for the whole population, at an estimated annual cost of \$250,000,000. The proposal was lost, temporarily at least, on account of the failure of the Dominion and the provinces to agree on fundamental questions of taxation and financial relations, but it remains on the agenda for further consideration; and if the financial controversy is settled it appears to stand a very good chance of adoption in some form or other. Public opinion is strongly in favor of a scheme of this kind, and the obstacle of medical opposition, while far from absent, is much less formidable than in the United States. In the meantime two provinces, Manitoba and Saskatchewan, have recently passed legislation of the health insurance type and have begun limited programs without federal financial aid. During recent years there has been general improvement in the public health services, which are partially provincial and partially local; and plans for their further development generally call for their close integration with the prospective systems of general medical care, so that the traditional distinctions between curative and preventive medicine will be blurred or obliterated.

Mental hygiene has become increasingly associated with public health, somewhat more so than in the United States. The public mental hospitals and institutions for the feeble-minded are operated and financed by the provincial governments, except in Quebec, and some of them also operate outpatient

clinics. In all provinces the mental health services are administered by provincial health departments, or by the health divisions of combined departments of health and welfare. Most of the institutions are badly overcrowded, and preventive work in mental hygiene is seriously underdeveloped.

Other Public Programs

In the field of child welfare there is a distinctively Canadian pattern of service. Beginning in Ontario in 1893, licensed children's aid societies, under voluntary auspices, have been authorized to undertake wardship of neglected or dependent children committed by the courts to their care, to provide institutional or foster home care for these children, to arrange for adoptions, to carry on child protection work, and to perform certain other related functions. They receive public aid for this work (in Ontario to the extent of about 85 per cent of their total expenditures) in the form of (a) municipal or provincial per diem maintenance payments for children legally under their care, and (b) in Ontario and Nova Scotia, small grants toward administration. This system has developed in all provinces except Alberta and Quebec. However, Saskatchewan is in process of changing to a provincially centered plan, and serious questions are being raised in other provinces about the validity of private boards directing a program financed so largely by public funds.

The delinquency control services are divided between the Dominion, provincial, and local governments, much as in the United States. There are federal penitentiaries, provincial jails, training schools for juveniles, and in three provinces local jails. Juvenile courts, under the provisions of a federal statute of 1908 and related provincial legislation, are established in the major cities and towns, but many rural areas are not covered. Probation and parole are developed only to a limited extent, institutional programs are weak, and there is urgent need for penal reform.

Public recreation was limited to rather routine programs in a few cities until the depression period, when Alberta and British Colum-

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bia established recreational schemes, stressing physical education, at the provincial level. In 1943 the Dominion passed the National Physical Fitness Act to encourage similar schemes, and this has contributed toward the development of recreational programs by most of the provinces, generally with the object of assisting local governments. Enthusiasm for community centers under public auspices is high, and in many communities they have been established or projected since the conclusion of the war. A great extension of public recreation, with leadership and financial support from the Dominion and provincial governments, is clearly in prospect.

Veterans' services are administered by the Dominion Department of Veterans Affairs, established in 1944 to operate a broad and generous program of benefits for the veterans of World War II, as well as an earlier program for veterans of the preceding war. The new benefits include disability and death pensions, medical care for the disabled and the handicapped, and cash benefits for unemployment, temporary incapacity, vocational or technical training, establishment of a small business or farm, and university education.

Public housing is much less developed in Canada than in the United States. A federal corporation, Wartime Housing, operates the only low-rental public projects. A new national housing act, adopted in 1944, authorizes low-cost housing by limited-dividend corporations, but does not provide for municipal housing corporations and federal subsidies toward rentals, which are considered indispensable by progressive groups.

Quebec

A special word is required about Quebec. There the tradition of Catholic charity is still very important and many programs which, in English Canada, are under public auspices are carried on by religious institutions. There is no poor law background and no basic local program of general assistance. However, the obvious inability of church charity and other private effort to cope financially with increasing demands for social services has led to growing acceptance of the principle of state re-

sponsibility for social welfare. An attempt to reconcile this principle and the older principle of private charity was made in 1921 in the Public Charities Act, whereby each of three partners, the provincial government, the municipalities, and private charity (usually a religious institution) meet the costs of essential services (hospitals, orphanages, homes for the aged, day nurseries, and so forth) administered by the private agency, with little or no public supervision. There is a similar system of provincial and municipal grants toward the operation of mental hospitals, reformatories, and industrial schools for juvenile delinquents, but in the case of these institutions there is more provincial supervision. However, the policy of grants to church institutions has come under serious criticism. The provincial government has developed a progressive public health program and has adopted schemes of workmen's compensation, mothers' allowances, and old age pensions, and the trend is clearly toward greater public responsibility.

Toward a National System

The administrative structure of the social services has been clarified and improved considerably in recent years. The new Department of National Health and Welfare, established in 1944, integrates for the first time a large group of health and welfare functions, including public health grants to the provinces, family allowances, old age pensions, and recreation, and provides what never has existed at Ottawa previously, a central agency for over-all planning on social security. At the provincial level there are combined departments of health and welfare in five provinces, while in three provinces there are separate welfare and health agencies. Separate health departments are to be found generally in the cities, and there are many district or county health units in rural districts. Local welfare organization is much less advanced, only the larger cities and towns having distinctive welfare departments. County or district welfare units, similar to those of New York and many other states, are conspicuous by their absence.

The steady growth of the public social services in the past few decades has made it neces-

sary for the provincial governments to assume functions and financial obligations which belonged, according to poor law tradition, to the local authorities; and the Dominion government has also been driven to enter the field on a large scale although, according to the constitution of 1867, it has little or no obligation or power to do so in this area. But the present system of public services is incomplete and poorly coordinated. This is attributable in large measure to a long-standing constitutional conflict between the Dominion and the provinces regarding finances and jurisdiction. The constitutional issue has stood seriously in the way of progress in the social services, for all levels of government have been reluctant to undertake new financial commitments or to proceed with administrative reorganizations while their respective legislative roles and financial resources remained uncertain. As part of its proposals to the provinces in 1945 for settlement of the constitutional issue, the Dominion government outlined a comprehensive social security program, including a national health scheme, a federal system of unemployment assistance (on a modified means-test basis) to supplement unemployment insurance, and a new system of old age security. Action on these proposals has been deferred pending further negotiations on fundamental issues, but public opinion and the major political parties favor more social security, and progress cannot be long delayed.

Private Social Work

The background and the present functions of the private social agencies to be found in the cities of English-speaking Canada are much the same as in the case of comparable communities in the United States. In Toronto, Montreal, and other cities, older private charitable agencies have given way to modern family welfare societies offering a generalized case work service. Besides the semipublic children's aid society there are a good many other institutions and agencies for service to children, particularly in Quebec. Voluntary health agencies include the hospitals, many of which have outpatient clinics. However, there are few private mental hygiene or child guid-

ance clinics — which is in part a commentary upon the general underdevelopment of good psychiatric services. A national organization with local branches, the Victorian Order of Nurses, provides visiting nursing service in many communities. Problems of the blind are dealt with largely through a service program conducted by the Canadian National Institute of the Blind, a national organization with regional divisions which receives substantial support from public funds. Still other national organizations with local branches or divisions are dominant in the field of recreation, notably the Young Men's Christian Associations, Young Women's Christian Associations, Young Men's Hebrew Associations, Boy Scouts, and Girl Guides. There are social settlements in Montreal, Toronto, Vancouver, and a few other cities. Sectarian agencies, notably those of the Catholic Church and the Salvation Army, are to be found in most urban communities; and in centers of Jewish population, such as Toronto and Montreal, Jewish social agencies are well developed. As in the United States, it is in the small towns and rural communities that organized private social work is weakest.

Community chests and welfare councils began to develop actively after the war of 1914-1918 as in the United States, until there were 35 chests and 20 councils listed in 1946. In Toronto, Montreal, and some other cities, the first organizations were built on a sectarian basis; and in Montreal there are still four financial federations, those of the French Catholics, the Irish Catholics, the Jews, and the Protestant (or nonsectarian) group. Toronto undertook a significant reorganization in 1944 which brought together the three sectarian chests and a separate council in one body, the United Welfare Chest, and somewhat similar reorganizations have been achieved or projected in other cities.

Canada has many fewer national organizations for planning and promotion than has the United States. The significant ones, which have paid secretariats, are the Canadian Welfare Council and several health agencies: the National Committee for Mental Hygiene, the Canadian Public Health Association, the

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Health League of Canada, and the Canadian Tuberculosis Association. The Canadian Welfare Council, which dates from 1920, has divisions on child welfare, family welfare, chests and councils, recreation, public welfare, and delinquency, thus covering territory which is divided among a good many national organizations in the United States. It is concerned not only with private social work but also with the promotion of sound public policies, and it is increasingly influential in public affairs. A national forum for social workers and interested laymen is provided by the Canadian Conference on Social Work which holds biennial sessions, but there are no provincial conferences.

The Professional Approach

A scientific approach to social work, characterized by the development of professional personnel, has developed slowly, as compared with the United States, but it is now very much in evidence and it promises to become quite dominant within a few years. It was to provide trained personnel for private agencies in the larger cities that the first curricula in social work were established, at the University of Toronto in 1914, at McGill University, Montreal, in 1918, and at the University of British Columbia in 1928. All three schools are members of the American Association of Schools of Social Work. During the depression period some of the provincial governments, notably British Columbia, Manitoba, and Ontario, began to recruit trained workers from the private agencies for their welfare services. In the war period the federal government for the first time engaged professional workers for various purposes. Recently the Dominion has recruited a number of the best professional workers in Canada to the new Department of National Health and Welfare, and others are being sought by the Department of Veterans Affairs and other federal agencies. In the meantime there has been distinct progress in building up professional staffs in several provincial welfare departments and in a few of the cities. Facilities for social work education have been much increased in recent years by the opening of four

new schools, one at Halifax, one at Winnipeg, and two at the French Catholic Universities of Montreal and Laval, and by the marked expansion of the programs of the three older schools. The Dominion government has recognized the urgency of training through authorizing a grant of \$100,000 toward scholarships and operations of the schools for the academic year 1946-1947. The organization, the curricula, and the standards of the schools are similar to those of the United States, but the schools are still relatively weak and it will undoubtedly take them years to turn out sufficient personnel to meet the growing demands.

Canadian social workers have their own professional organization, the Canadian Association of Social Workers, with 869 members in April, 1946, a small national secretariat, and standards and functions similar to those of the American Association of Social Workers.

Contrasts and Issues

The preceding sketch will have suggested to the informed reader the many similarities between social work in Canada and the United States. There are the same problems of intergovernmental relationships in a federal system covering a vast country; major public and private services developed in the same periods and as part of continental movements; professional techniques of case work, group work, and community organization are essentially American; and professional training and organization are similar. But on the other hand there are marked differences, some of them reflecting English or European influences and some rooted in the Canadian soil. In the substance of social legislation there is much evidence of a disposition to borrow liberally and sometimes uncritically from Great Britain, as in the case of the Unemployment Insurance Act of 1941. Private agencies have been more freely subsidized from public funds than in the United States, partly because of the influence of church charity. There has been much less national leadership regarding the social services, largely because of resistance to strong central government from influential Quebec. There has been less specialization,

as in medical and psychiatric social work, group work, and community organization, because of the later development of a scientific approach in a younger country, because of the traditions of church charity, and because of the continuing, if declining, influence of an English tradition in favor of amateurs rather than professionals in administration.

A number of outstanding issues call for solution in Canada. Settlement of the long-standing Dominion-provincial controversy and the integration of existing social services into a full national program of social security are fundamental. There is the most urgent need for a good basic program of general assistance, administered by county or district welfare units. A national system of public medical care for the whole population is urgently required. Far better psychiatric services should be developed. Thorough reform of the penal system is long overdue. The appropriate role of private services, particularly of those heavily subsidized from public funds, calls for reconsideration. A great increase in the number and the quality of administrative personnel is imperative.

These and other significant issues are well recognized by the leaders of social work, lay and professional. Canada now has, for the first time, a small but vigorous group of leaders with a modern, scientific approach to social work who are capable of building an excellent system of social services as the opportunity occurs. The opportunity is occurring now, for the social work field is in ferment as it never was before, and public opinion is ripe for rapid progress. Hence there is reason to believe that, although Canada lagged behind the United States in the development of her social services in the 1930's, she may catch up with her great neighbor and perhaps even surpass her in the 1940's and the 1950's.

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HARRY M. CASSIDY

CATHOLIC SOCIAL WORK.¹ One of the basic religious beliefs of Catholics is that they have been bound to the practice of charity by a direct injunction of Jesus Christ, whom they profess as the Divine Founder of their religion. The Church unceasingly reminds them that Christ once called charity the greatest of all virtues. Twenty centuries of distinguished individual and corporate labor and sacrifice for the material and spiritual welfare of mankind have derived directly from this religious

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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conviction. The social work activities of the Catholic Church and its communicants in the United States conform to this traditional universal pattern of dedication to charity.

Almost every important community in the country has some social service which may be identified as Catholic. Some of these are administered by the local ecclesiastical units of the Church, such as the dioceses and parishes; some have been developed and are administered by religious communities; while many others are the direct responsibility of volunteer associations of Catholic lay people. In the larger centers of population Catholic social work agencies have long been integral parts of the community pattern of social services. In recent years they have been extended into many rural areas of the United States as well.

The distinguishing feature of Catholic social work is found in the Catholic philosophy of life and the theological teachings concerning the nature, destiny, and fundamental obligations of man. Wherever these fundamental concepts differ from the philosophy which motivates the approach to human problems made by other sectarian social work, or by nonsectarian social work, the programs and practices of Catholic social work have a separate character. Catholic social work is oriented to the supernatural welfare of mankind, from which nonsectarian systems of social work thought and practice usually prescind. The social work of the Catholic Church and its voluntary associations is concerned with the soundness of man's relationship to God as well as with his relationship to himself and to other men. The Catholic conviction is that man works out his ultimate eternal destiny through the activities and attitudes of his present life. The protection of human dignity and the guarantee of decent standards of living have a direct bearing on the spiritual life of man as well as on his natural happiness. The primacy of the supernatural in Catholic social work is therefore viewed as being entirely consistent with social work goals for man's material welfare. The special contribution of Catholic social work to the human welfare lies precisely in this strong emphasis it places on the "whole man."

Although Catholic social work derives its inspiration from the age-old virtue of charity and attaches primary importance to the supernatural welfare of man, it has readily accepted the technical disciplines of modern social work and has made its own contribution to them.

While the general field of social work properly discards the "charity" of nineteenth century philanthropy as a sufficiently responsible motive for social work, Catholic social work remains committed to Christian charity as its only proper motivation. The social implications underlying the Catholic concepts of charity and justice, embracing a profound code of interresponsibility among men and peoples, have been set forth repeatedly in pertinent application to the social problems of modern times, in encyclical letters written by Popes Pius XII, Pius XI, and Leo XIII and, with particular reference to this country, in documents issued periodically by the Catholic Hierarchy in the United States.

All the corporate units of the Church organization recognize a responsibility for social services. Direct community services are usually administered by parish societies, lay associations, or central diocesan social service bureaus. Many of the Catholic institutional services, however, have been founded and developed by self-governing religious communities. These religious communities, by accepting assignments in charitable work from the Ordinaries of dioceses in all parts of the United States, play no small part in the diocesan programs of child care, health and hospital services, care of the aged and chronically ill, family services, and even education for social service.

In order to insure high standards in the administration and operation of the Catholic social services, many of the dioceses and religious communities provide for the professional training of selected diocesan priests, nuns, and religious brothers in schools of social work throughout the United States.

Central Diocesan Organizations

In all but a few of the Catholic dioceses there is now a central organization or federated body of the Catholic agencies and institutions.

that operate within the canonical boundaries of the diocese. This organization is usually known as "Catholic Charities," although other titles are sometimes used, such as "Diocesan Bureau of Social Service," "Catholic Charitable Bureau," "Associated Catholic Charities," and so forth. Catholic Charities is the official agency of the diocese and its bishop for the planning, direction, and coordination of Catholic charitable activities. The extent of its functions in a given diocese naturally depends upon the size and complexity of the diocesan territory and the range of services performed by its affiliated agencies. It usually serves the following purposes: sets standards and policies of Catholic social work; develops leadership; helps in general community planning and community financing for social work; acts as liaison between Catholic social work and social work under other auspices; and interprets Catholic social work to the community. It sometimes directly operates certain services. Occasionally it may serve to raise and distribute funds for the complete or partial support of the associations, institutions, and agencies doing social work in the diocese.

By 1946 there were in the United States 90 central diocesan bureaus of Catholic Charities and 141 branch offices in 40 states. Ten new diocesan agencies and 12 new branch offices have been established since 1944. Almost all of these Catholic Charities have been organized since 1920. They have been developed to meet the need for coordination of effort in social work planning and financing which the rapid growth of modern social work has emphasized. By means of them the Catholic bishops have been able to accomplish not only better planning and internal integration of the social work programs of their dioceses but also a better correlation of Catholic social services with other community social work. The direct administration of the diocesan bureau as an official agency of the diocese is customarily delegated by the bishop to a priest who has been trained in social work. In the larger central organizations several priests usually serve under the director of charities as department heads.

Range and Scope of Catholic Charities' Services

The community social services which currently occupy the largest measure of these diocesan bureaus' concern are child care, family service, preventive and protective services for youth, and care of the aged and chronically ill. In the field of child care, which has always been the foremost Catholic welfare interest in the United States, Catholic Charities have devoted a large share of their attention and resources in recent years to meeting the increased demand for institutional and foster care of children which resulted from the recent war and its aftermath. Greater understanding of social problems by the laity and a more active sharing of social responsibility have resulted from such well-interpreted home-finding campaigns as the ones conducted under the leadership of Cardinal Spellman in the Archdiocese of New York in 1945 and 1946. The statistics for 1945 reveal a total of 64,527 children under Catholic foster care, with 45,219 being protected in orphanages and infant homes and 19,308 in foster family homes. *See FOSTER CARE FOR CHILDREN.*

In the larger cities throughout the United States, Catholic Charities have established family service agencies. The rapid development of branch offices of many of the central diocesan agencies during recent years has brought Catholic family services to many smaller cities and even to rural areas. The complex nature and widespread impact of personal family problems during the war and the reconversion period emphasized among Catholic clergy and laity alike the value of well-implemented family case work services. For the parish clergy the diocesan family agency serves as a specialized service to supplement and implement the pastoral ministry, and as a channel for information and referral to other voluntary and public social services in the community, and for cooperation with them. *See FAMILY SOCIAL WORK.*

The strong accent placed upon overt juvenile behavior in recent years played its part in stimulating increased interest by Catholic Charities in preventive work with youth. Boston, Chicago, Cleveland, and New York

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have recently developed specialized case work agencies to serve children presenting behavior problems, and to stimulate in the parochial and public schools a deeper understanding of child behavior and a better use of diagnostic and treatment resources existing in the community. See *Catholic Youth Programs in YOUTH SERVICES*.

Catholic institutions for the care of the aged and the chronically ill report their facilities for care inadequate to the demand and join other community agencies of this type in calling attention to a grievous need for more general community planning and more adequate financing of this type of care. Shortages of staff, particularly nursing staff, seriously hamper the institutions caring for the chronically ill. A 1946 study by the National Conference of Catholic Charities reported 237 Catholic institutions with a population of 21,633. The study revealed a need for a better relating of the administration of old age assistance to beneficiaries living in institutions; need for additional provisions in the institutions for medical, nursing, and hospital care; and increasing interest and activity of lay organizations in the institutions for the aged. See *THE AGED*.

In 1945 there were 692 general hospitals and 102 special hospitals or sanatoria under Catholic auspices in the United States, including the Territory of Alaska. The total bed capacity that year was 95,680, and 3,397,926 patients received care. The national organization is the Catholic Hospital Association of the United States and Canada.

A new trend in central diocesan planning, evident since 1944, is seen in the development by many of the Catholic Charities organizations of scholarships and fellowships for study in schools of social work. It is hoped by these means to increase the available supply of trained Catholic social workers for the staffs of the central and affiliated agencies.

Society of St. Vincent de Paul and Other Volunteer Organizations

Many associations of Catholic laymen and laywomen have organized volunteer programs of charitable service, some with very long

traditions in the life of the Church. These are important parts of the total contribution of Catholic social work in the United States.

The Society of St. Vincent de Paul, founded in France in 1833, is a world-wide association of Catholic laymen who devote themselves to volunteer social service as a means toward their own spiritual salvation and the salvation of those whom they help. In 1945, American Vincentians commemorated the completion of their first century of charitable work in the United States, at St. Louis, where the first American conference or parish unit of the Society was organized. The Superior Council of the United States conducts the general administration of the Society in this country. Direct services are the responsibility of parish conferences and of particular councils which federate the parish conferences in a community or a district. The work to which the Vincentians have devoted themselves is the visitation and assisting of the poor in their homes, under the direction of the parish clergy. The family and members of the parish in need of help with their family responsibilities are the principal concern of the Vincentians. Emergency financial assistance, religious and material counseling, the planning and sponsoring of youth programs, free employment bureaus, religious training of public school children, and the visitation of hospital and institution inmates are typical activities of the parish conferences. Through the particular councils, and sometimes through the parish conferences, the Vincentians also engage in special projects such as providing shelter for transient and homeless men, probation work in behalf of juvenile delinquents, work in seaports for Catholic seamen, convalescent care for mothers and children, support of boarding homes for working boys, and placement of orphans and dependent children in free foster homes. Local and national leaders of the Society have made important and pioneer contributions to the development of summer "fresh-air" work for undernourished children, the organization of boys' clubs, and the establishment of special courts for hearing children's cases.

As pioneer volunteers in Catholic social

work, the Vincentians have progressively adjusted their own activities to the constantly developing service programs of the central diocesan bureaus and, indeed, have played an active part in their establishment and development. Realizing that effective work for the conservation of home life and the rehabilitation of the unfortunate cannot be done by decentralized and unguided volunteer effort, the Vincentians have provided their parish conferences with leadership trained in social case work methods, or work in close consultation with the trained district workers of the diocesan family agency. Preparatory training for members has been inaugurated in several cities through courses and institutes incorporated into the curricula of Catholic high schools and colleges.

In 1945 the Society of St. Vincent de Paul listed 31,014 active members who contributed \$108,321 toward their work at weekly meetings held during the year. Total receipts of the Society throughout the country in that year were \$2,253,183. The parish conferences expended \$1,687,606 on material assistance to families, and \$615,484 was spent through the particular councils on special works. During the year 136,875 persons comprising 31,787 families benefited by the Society's material assistance, and received aid or counsel in 214,391 interviews and visits. Employment was procured for 3,415 persons. Approximately 22,000 individual services were given in religious problems, and 94,067 visits were made to inmates of institutions.

Numerous other Catholic lay organizations contribute through volunteer programs to the vast array of Catholic social services found in the United States. An exhaustive list is not possible. Prominent among them have been the Ladies of Charity, Diocesan Councils of Catholic Women, Catholic Big Sisters and Catholic Big Brothers, Knights of Columbus, Holy Name Society, and the Legion of Mary. In each diocese there are numerous associations, usually connected with parishes, whose members assist the needy or give aid to local agencies and institutions.

International Catholic Social Work

Recognizing the essentially universal character of charity, the Catholic Church in America has always accepted an active responsibility for peoples in other parts of the world, especially for those suffering great stress and deprivation. Through annual contributions distributed through the Vatican, and through their unceasing support of Catholic missionary activities in all parts of the world, the Catholic faithful in the United States have long observed a tradition of international charity. In 1940, when the clouds of war had begun to loom large on America's horizon, the Catholic bishops of the United States established the Bishops' War Emergency and Relief Committee, through which funds were collected in all the parishes and disbursed to aid refugees, missionary priests, Brothers, Sisters, and prisoners of war. During the early years of the war this Committee also financed the Bishops' Committee for Polish Relief. Early in 1943 the Catholic bishops founded War Relief Services, functioning under the National Catholic Welfare Conference, to broaden the world-wide charities of the Bishops' War Emergency and Relief Committee and to provide an agency to work with governmental and intergovernmental organizations, with existing Catholic resources in other countries, and with other American war relief agencies. In April, 1943, the organization became a participating service in the National War Fund. The Bishops' War Emergency and Relief Committee continued to finance those projects of the new agency which were of a religious character, to furnish devotional supplies, and to defray the expenses of auxiliary chaplains.

Formulating policies which respected and fully employed each country's own agencies of charity, and which took account of existing American governmental and other voluntary provisions for relief and rehabilitation, War Relief Services placed early emphasis upon service to refugees, prisoners of war, and merchant seamen on a nonsectarian and nonpolitical basis. As the war progressed and eventually came to an end, the services of this agency grew to comprehend almost every type of es-

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sential health and welfare activity and supply needed to supplement the work of the United Nations Relief and Rehabilitation Administration and the military, who between them supplied basic foodstuffs. Using a minimum of personnel and allying itself with existing agencies, War Relief Services extended its relief activities by September, 1945, to 41 countries in Europe, Africa, Asia, Australia, the Philippines, and North and South America. By September 1, 1945, more than 21,000 tons of purchased and contributed relief supplies having a value of \$30,000,000 had been provided for foreign relief purposes. The program of the agency has extended into the postwar era to assist in the continuing world-wide need for rehabilitative work. See FOREIGN RELIEF AND REHABILITATION AND INTERNATIONAL SOCIAL WORK.

Training for Catholic Social Work

Since 1914 eight Catholic schools of social work have been founded. Seven are presently accredited by the American Association of Schools of Social Work. They are: Loyola University, School of Social Work, Chicago, established in 1914; Fordham University, School of Social Service, New York, 1916; National Catholic School of Social Service, Washington, D.C., 1921; St. Louis University, School of Social Service, 1930; Catholic University of America, School of Social Work, Washington, D.C., 1935; Boston College, School of Social Work, 1936; and Our Lady of the Lake College, Graduate School of Social Service, San Antonio, 1942. All except the last-named offer a two-year course and are chartered to grant a master's degree. Four offer courses of training which fulfill the senior membership requirements of the American Association of Medical Social Workers and one school fulfills those of the American Association of Psychiatric Social Workers. Xavier University in New Orleans conducts a school of social work for Negroes. See EDUCATION FOR SOCIAL WORK.

National Conference of Catholic Charities

The national agency for Catholic social work is the National Conference of Catholic

Charities. Organized in 1910 to bring together nationally all the groups and agencies active in Catholic charitable work, it has exercised considerable influence upon the growth and standards of Catholic social work in the United States. The Conference has fostered the development of the diocesan bureaus of Catholic Charities as a means of coordinating Catholic charitable activities in the local community, and has strengthened the relation of Catholic voluntary endeavor to government social work and to other national voluntary agencies, by organizing interim meetings on a national level for directors of central diocesan agencies, and by other means. The purposes of the National Conference of Catholic Charities are to bring about an exchange of views among experienced Catholic men and women who are active in social welfare work; to collect and publish information concerning problems and results in Catholic Charities; to encourage further development of a literature of Catholic social work; to promote the discussion of general standards in relief and prevention; and to develop the organization of Catholic social work. In 1916 the Conference began the publication of the *Catholic Charities Review*, a monthly periodical which has appeared regularly since that date. Annual meetings have been held since 1920.

In the early years of formal Catholic Charities organization the National Conference of Catholic Charities made an important contribution to the standards of children's and family services through extensive studies of the services, on the basis of which improved programs were formulated. Since 1942 it has been active in the development of increased lay participation in social work. In cooperation with the National Council of Catholic Women it published in that year a handbook for volunteer women's organizations entitled *A Call to Service*, and undertook the organization of local training institutes for volunteer service in social work. In 1945 the Conference conducted studies of institutional care of the aged and of child-caring institutions. Current interests of the National Conference of Catholic Charities include the further promotion of neighborhood organizations, the support of

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improved legislation for housing, and the development of standards for in-service training for staff in child-caring institutions.

National Catholic Welfare Conference

The National Catholic Welfare Conference, established in 1919, is an organization of the Hierarchy of the United States which has as its purpose the promotion of the general welfare. The Conference provides for discussion of policies affecting the responsibilities of the Church in the field of social action. It aims to guide, unify, coordinate, and organize the Catholic people of the United States in works of education, social welfare, immigrant aid, civic education, and other activities.

The departments of the Conference are as follows: Executive, Education, Press, Legal, Social Action, Youth, Catholic Action Study, and Lay Organizations.

Through these departments and the bureaus and lay organizations under them (such as the National Council of Catholic Men, National Council of Catholic Women, Rural Life Bureau, and the Family Life Section) the National Catholic Welfare Conference has provided active agencies for interpreting Catholic social philosophy and for furthering social and economic reform.

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CHILD LABOR AND YOUTH EMPLOYMENT.¹ If children go to work too young, if at any age they work for too long hours or in dangerous or otherwise unfavorable surroundings, if young people are denied education and adequate preparation for life, the result is harmful to society as well as to youth. Thus the employment of children and young people under such circumstances becomes a social problem. The public has come to realize this and more and more has backed legislation to keep young children in school and out of employment. There has been recognition also of the importance of safeguarding older boys and girls in their work and of preparing them, in a truly universal and flexible school system, to enter industry and commerce advantageously, effectively, and safely. In turning this realization into action, the field of "youth employment" is allied with other fields serving young people. On educators, counselors, and placement officials rests the duty of developing types of education suited to individual needs—education that will fit young people for their particular places in an increasingly mechanized industry and specialized commerce, as well as for a world full of social, economic, and political problems. Along with

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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this schooling should go guidance in selecting types of education, in choosing vocations, and in finding employment. *See* GUIDANCE AND COUNSELING.

The experience of young people in the past two decades has emphasized the need for meeting these employment problems as they relate to changing economic and social forces. The depression 1930's reared a wall of unemployment against young people ready for and needing work. The war years plunged youth, dangerously unprepared, into adult jobs, many of them unsuitable, many of them taken at the sacrifice of schooling. Now that out-of-the-ordinary employment opportunities are waning, young people need guidance to get back into their rightful setting for growth, education, and appropriate work.

The Interagency Committee on Youth Employment and Education, organized in April, 1945, exemplifies this combined approach to child labor problems. This federal committee, made up of representatives of those agencies in the Department of Labor, Department of Agriculture, and Federal Security Agency which are concerned with services to youth, was organized to work out common principles and to consider plans of action for solving for boys and girls the problems arising from school and work. To help communities organize the types of programs they need, the Committee has issued a guide, *Your Community and Its Young People* (*infra*).

Another example of cooperation between agencies dealing with the schooling and wage earning of young people has been a series of national "go-to-school" campaigns developed by two federal agencies, the Children's Bureau and the Office of Education, and supported by the federal agencies concerned with the distribution of the nation's manpower. These drives, begun in the summer of 1943, have been carried on throughout the country by professional and citizen groups. Their purpose has been to encourage boys and girls to finish high school, at least, as part of their preparation for sound citizenship and for progress in employment. The most recent drive was needed to stimulate a gradual reduction of the abnormally large number of

young people of school age in the labor force, as well as to stress the value of school attendance. Boys and girls now face competition with older, more experienced workers, and encounter demands from employers for a high school education.

A phase of youth employment closely related to education is seen in the school-work programs that became common during the war-created shortage of labor. Many of the programs released high school students for part-time jobs during school hours. One of the most publicized of these was the "4-4 plan" by which students spent four hours at school and four hours at work. Any evaluation of these programs must weigh such questions as the worth to young persons of an uninterrupted education, the amount of educational experience obtainable from the unskilled jobs open to young part-time workers, and the ages at which employment experience might profitably begin.

Extent of Postwar Child Labor

The decrease in child and youth employment from the spectacular heights reached during the war has not been as great since V-J Day as might have been expected. In April, 1940, the census showed that fewer than 1,000,000 young persons fourteen through seventeen years of age were at work. This contrasts with nearly 3,000,000 during the school year in the period 1943 to 1945. Of these 3,000,000, about half had left school for full-time work; about half were working and attending school also. In the summer peak of each of the three years the number of employed youth rose to between 4,500,000 and 5,000,000. Estimates for the spring of 1946 show that the drop in the employment of children fourteen through seventeen years of age has been to about 2,000,000, still more than double the prewar figure.

A significant indication of the trend in the employment of children (except in agriculture) is provided also by employment certificates or age certificates issued for children going into employment. Reports for the same states and cities show a phenomenal rise during the war years in the number of young per-

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sons fourteen through seventeen years of age issued certificates for work, from about 175,000 in 1940 to about 1,250,000 in 1944. In 1945, however, some decrease was evident, with slightly more than 1,000,000 certificates being issued for the same age group in these states and cities — still six times the number reported for 1940. Although reports for the first five months of 1946 are as yet incomplete, they indicate a continuing drop in the number of new entrants into employment as compared with the corresponding months of the preceding year — a drop of perhaps 46 per cent. Nevertheless, the number of boys and girls of these ages obtaining certificates, as well as the number actually at work, still far exceeds the 1940 level.

A Goal for Current Legislation

During the war, large numbers of children left school for employment; very young children worked for pay outside school hours; children and youth worked long hours, at night, and in unsuitable and dangerous occupations. These conditions revealed the inadequacies of state child labor laws and of the machinery and funds for their enforcement. The federal child labor provisions of the Fair Labor Standards Act of 1938 (commonly known as the "wage and hour law") do not give protection to many young people working in interstate commerce, including telegraph messengers, or to many working in occupations detrimental to their safety and health. An amendment to the Act that would have extended its coverage was introduced in the 79th Congress but did not become law.

The cost to the young workers' education of this swollen amount of youth employment can be seen in the decline in school enrollments. In the 1944-1945 school year approximately 1,250,000 fewer boys and girls were enrolled in high school than in the school year 1940-1941. Although the downward trend in high school enrollment was apparently checked before the war ended and although enrollments were increasing gradually in the autumn of 1945, far too many boys and girls are still at work instead of in school.

The first action called for in peacetime to

remedy this situation is the improvement of state legislation regulating child labor, particularly as regards the minimum age for employment. The standard proposed by the Children's Bureau and endorsed by national organizations concerned with child labor, labor unions, women's organizations, and other national agencies is as follows: *No minor under 16 years of age shall be employed, permitted, or suffered to work in any gainful occupation during school hours and no minor under 16 years of age shall be employed, permitted, or suffered to work in, or in connection with, any manufacturing or mechanical establishment.*

How close do we in the United States come to meeting this proposed goal? Although the age standard of the Fair Labor Standards Act approximates the proposed objective, its application is limited to establishments producing goods for shipment in interstate or foreign commerce. In 16 states the recommended standard is already in effect in full or in part. Two of these states — New Jersey and New York — have minimum age requirements that equal the standard.¹ Eight states — Georgia, Louisiana, North Carolina, Pennsylvania, Rhode Island, South Carolina, Utah, and West Virginia — have a minimum age of sixteen years for any employment in manufacturing establishments, and for any employment whatsoever during school hours with the exception of employment in agriculture and, usually, domestic service in private homes. The Georgia law, in addition, exempts all employment of children by their parents.

Of the six remaining states whose laws approach the proposed standards, three — Connecticut, Florida, and Montana — equal it for factory employment but permit employment of children under sixteen years of age during school hours not only in agriculture and domestic service in private homes but also in certain other types of nonfactory employment. Ohio has a sixteen-year minimum for all work during school hours, and Wisconsin for all except in agriculture, but both permit factory employment at age fourteen outside of school hours. Massachusetts allows discretionary ex-

¹ Puerto Rico also has such requirements.

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emptions at age fourteen, on special permits, from the sixteen-year minimum age for any work during school hours or for work in manufacturing establishments at any time.

In addition, Hawaii has a sixteen-year minimum age for employment of children when they are legally required to attend school, but a twelve-year minimum otherwise. Six months after the end of the war has been declared, Illinois will have a sixteen-year minimum age during school hours in factories, stores, and other specified occupations, but a fourteen-year minimum outside school hours except in "dangerous" factory work. To that work the sixteen-year minimum will apply.

Protection from Hazardous Work

Young workers need special protection from hazards on the job. Their inexperience, immaturity of judgment, recklessness, and natural spirit of adventure predispose them to accident and lead them to disregard protective equipment and guards and to try to do jobs beyond their strength. They tend to have a higher accident frequency rate than adults in comparable occupations. During the war industrial injuries to young workers increased. Reports from nine states — Illinois, Maryland, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, and Wisconsin — show a marked upward trend in injuries to workers under eighteen years of age. In one of these states the rate of increase between 1940 and 1943 was 1,100 per cent; in another more than 1,300 per cent.¹

Many state child labor laws prohibit the employment of boys and girls under sixteen or eighteen years of age in specified occupations dangerous to young workers. The Fair Labor Standards Act establishes a minimum age of eighteen years for employment in establishments covered by the Act in occupations that the Secretary of Labor² declares to be dangerous for workers sixteen and seventeen years of age. Before the war six orders were issued, relating to occupations in the manufacture of

explosives, to driving or helping on motor vehicles, to occupations in coal mining, in logging and sawmilling, and in the operation of power-driven woodworking machines, and to occupations involving exposure to radioactive substances.

During the war the Children's Bureau issued advisory standards to cover selected industries or occupations important in war production. This advice to employers showed how young workers could be protected from injuries by special training and supervision and listed, for the different industries, covered occupations and types of work that are relatively safe for young workers and the ones that are too hazardous for them.

The seventh hazardous-occupations order under the Fair Labor Standards Act was issued by the Chief of the Children's Bureau on July 11, 1946, to be effective September 1, 1946. It declares particularly hazardous for young people between sixteen and eighteen years of age occupations involved in the operation of power-driven hoisting apparatus (elevators, cranes, derricks, hoists, or high-lift trucks) and has the effect of setting an eighteen-year minimum age in these occupations. Investigations are in process in other types of hazardous employment in preparation for additional orders.

Children in Agriculture

Oppressive child labor is still a shadow on the land. Children of all ages work on "hand" crops under conditions that differ little in undesirability from sweatshop work in industry. Thousands of children, some as young as six years, follow with their families the maturing crops and do hard field work for long hours, often exposed to occupational hazards. They get little regular schooling.

Prevention of child labor in agriculture is difficult because of our traditional conception of farm work. We in the United States like to think of our agricultural system as one of family enterprise in spite of the great change in farm methods through the growth of large-scale industrialized farming. This system requires thousands of seasonal wage workers, drawn partly from the rural families displaced

¹ See Noll, *infra*.

² Under the President's Reorganization Plan No. 2 the duties specified by the Act (as passed in 1938) for the Chief of the Children's Bureau were transferred to the Secretary of Labor.

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by this very growth in the size of farm holdings. The public is slow to understand that the field work of children in this system is not the same as the work of children on their home farms. There, parents can grade the work to their children's capacity; the work may be done before or after school and may have an educational value.

As prisoners of war used in the farm program were sent home and the program for the importation of foreign labor needed during the war was cut down, the summer of 1946 saw an increase of families on the move. In many places the employment of city and town boys and girls was continuing in day-haul, camp, and live-in programs. Standards recommended for working and living conditions and safety in transportation, worked out during the war, were often not observed.

Child workers in the fields are given little legal protection from harmful labor. Two federal acts apply to them but to a limited extent. The Sugar Act of 1937, which provides for payment of benefits to producers of sugar beets and sugar cane, specifies that producers are eligible for full payments only if they employ no children under fourteen years of age on the crops, and children of fourteen and fifteen no longer than eight hours a day. The restrictions do not apply to the children of growers. The Fair Labor Standards Act applies to child labor in agriculture only on the days and during the hours when children are legally required to attend school. School attendance laws differ widely in different states as to the ages at which children must attend school, how many days a year, the reasons for permitting release from school, and the periods for crop vacations.

State child labor laws give little protection. Only four states — California, New Jersey, New York, and North Carolina — and the District of Columbia, Hawaii, and Puerto Rico, have a minimum age for agricultural employment outside school hours as well as during school hours. Four other states — Florida, Massachusetts, Ohio, and Pennsylvania — set a minimum age for agricultural employment during school hours only. Eighteen other states have general minimum age standards

that are nominally broad enough to apply to all employment during school hours and might be interpreted to apply to agricultural employment. The remaining 22 states and Alaska have no minimum age standards for agricultural work.

Enforcement as well as enactment of a law depends on public approval. The same failure to understand the harmful nature of field work for children frequently prevents enforcement of those protections that do exist for child workers in agriculture.

Child Labor Agencies

The National Child Labor Committee, organized in 1904, is active in promoting federal and state legislation dealing with child labor and related questions and in working for adequate appropriations for child labor law enforcement. It also initiates or conducts child labor studies and maintains a general information service.

The National Consumers League, organized in 1899, has long given especially active attention to child labor problems, as do state consumers' leagues. Many other national agencies include regulation of the employment of young people as an item in their legislative programs.

Other voluntary agencies interested in child labor and related problems on a state-wide basis include the Public Education and Child Labor Association in Pennsylvania and the Illinois Child Labor Committee. Temporary state child labor committees or councils are frequently set up to work for special legislation or on special child labor problems. A dozen or more states have special bureaus in their state labor departments that are devoted primarily to the interests of children in industry.

Since the passage of the Fair Labor Standards Act of 1938 and until July 16, 1946, the United States Children's Bureau had administered the Act's child labor provisions through its Industrial Division. This Division had also conducted studies of child labor, published reports, and maintained advisory and consultative services to governmental and voluntary agencies. On July 16, 1946, the President's Re-

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organization Plan No. 2 transferred the Children's Bureau, with the exception of the Industrial Division, from the Department of Labor to the Federal Security Agency. As a result of the Reorganization Plan, the Industrial Division was transferred to the Division of Labor Standards, Department of Labor. There, as the Child Labor and Youth Employment Branch, it continues its administrative, research, and advisory functions.

International Labor Conferences

Representatives of governments, employers, and workers of 48 nations attended the twenty-seventh session of the International Labor Conference in Paris in October, 1945. The Conference discussed as one of its four main subjects the protection of children and young workers. This was dealt with in a general resolution and in specific proposals regarding medical examinations for fitness for employment in industrial and nonindustrial occupations, and restriction of night work in nonindustrial occupations (industrial occupations are already covered by conventions). The consideration of these two proposals was in preparation for the 1946 Conference in which draft conventions will be drawn up for presentation to member governments for ratification.

In April, 1946, in Mexico City, the International Labor Organization held its third regional conference of member nations in the Western Hemisphere. Delegations were present from sixteen countries and official observers from four. Of the three technical subjects discussed, one—vocational training—concerned young workers. The committee on this subject emphasized the importance of expanded and improved programs as a practical means of stimulating educational and vocational equality among the nations, and as a step toward the desired expansion of industry and trade in all the American republics. Deep interest was expressed in building up closer inter-American cooperation on vocational training programs.

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CHILD WELFARE.¹ Increasingly the connotations of the term "child welfare" are reflecting the trend toward emphasis upon the interrelationship between all of the conditions which affect child life, and the consequent need for coordinating the forces designed to promote the well-being of the "whole child." Acceptance of the interdependence of preventive and rehabilitative measures within the scope of child health, education, social welfare, and related areas is next in importance to recognition of conservation of home life as the basis of the welfare of children.

White House Conferences on Children

An era in the development of nation-wide concern for children was initiated in 1909 by the Conference on the Care of Dependent Children, held at the call of President Theodore Roosevelt. This Conference brought together leaders in social welfare activities from all parts of the country. The discussions dealt mainly with problems of care of children in institutions and the then slowly developing method of care in foster family homes. From this Conference came the widely quoted statement: "Home life is the highest and finest product of civilization. It is the great molding force of mind and of character. Children should not be deprived of it except for urgent and compelling reasons." This affirmation provided the impetus for the "mothers' aid" or "mothers' pension" movement that swept over the country within the following ten years and is now administered as "aid to dependent children," with financial assistance to states from the federal government under the provisions

of the Social Security Act of 1935, as amended in 1939 and 1946.

In accordance with a recommendation of this Conference the United States Children's Bureau was created by act of Congress in 1912 "to investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people." Under the terms of the act the Bureau was directed to investigate especially "the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, and legislation affecting children in the several states and territories." Educational functions were not undertaken by the Bureau because of the existence of the United States Office of Education and its activities in this field. The two agencies have collaborated, however, in many activities related to education as well as to child health and the social welfare of children. In practice, therefore, a unified approach to the welfare of the child has been the concern of the federal government for more than three decades.

The 1909 Conference in addition to recommending the establishment of the Children's Bureau suggested that a "permanent organization" should be created under private auspices to be concerned on a national basis with the care of dependent children. Such an agency was established in 1920 as the Child Welfare League of America.

The second of the Conferences (which have been held decennially since 1909) was the Children's Bureau Conference on Child Welfare Standards, held in 1919. This was not, strictly speaking, a "White House Conference," although it was financed from a Presidential fund and had the sanction of President Wilson.

The third Conference on Child Health and Protection was called by President Hoover and held in 1930. It was a very ambitious undertaking and covered a much wider range of subjects than the preceding ones. More than 30 volumes of reports were issued by this Conference.¹

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

¹ Published by the Century Company and its successor, the D. Appleton-Century Company, New York.

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The 1940 Conference on Children in a Democracy, called by President Franklin D. Roosevelt, held its final sessions while the war clouds were breaking over Europe and just before this country embarked upon its national defense program. Some 150 representatives of national voluntary and governmental agencies concerned with child welfare were included in the membership of the Conference, which totaled nearly 700 persons. The members included professional men and women in the fields of health, education, and social service; economists; housing experts; representatives of church groups, leisure-time agencies, and farm, labor, and industrial organizations; and persons concerned with child training, parent education, homemaking, and other related types of activity. In this Conference equal weight was given to problems of child health, education, and social services for children. The proceedings of the Conference and other material relating to it were published by the Children's Bureau.

The general report adopted by the Conference on Children in a Democracy contains the following statement in regard to the unity necessary in work for children: "The child receives or should receive services from many individuals, groups, and agencies in addition to his own family. Each has its special task; none can be performed successfully without regard for the others. However, the best intentions of one group have often been nullified by ignorance of the work of another, or by interference or inefficiency of others. Too often people have failed to recognize the simple truth that the child cannot be broken up into parts—one for the parent, another for the teacher, one for the public official, another for the playground, and still another for the church. The child is an indivisible whole as he grows from infancy to manhood and must be planned for and served as such."¹

Standards of Child Welfare

Standards pertaining to various phases of child welfare administration have been promulgated by national and state agencies con-

cerned with health, education, and social welfare. In 1919 the Children's Bureau Conferences on Child Welfare Standards formulated minimum standards pertaining to children entering employment, public protection of the health of children and mothers, and protection of children in need of special care. The "Children's Charter" of the 1930 White House Conference on Child Health and Protection was a brief statement of the rights of children which had a somewhat similar purpose. The Children's Bureau Commission on Children in Wartime in 1942 adopted a "Children's Charter in Wartime" and a "Program of State Action" based upon this "Charter." Similar statements of objectives and measures required for their attainment have resulted from the eight Pan-American Child Congresses described in a later section of this article. The 1940 White House Conference on Children in a Democracy did not officially adopt a statement of child welfare standards, but the principles which emerged from the general report adopted by the Conference, and from conclusions of discussion groups submitted to the Conference, were compiled and published by the Children's Bureau in 1942 under the title *Standards of Child Health, Education, and Social Welfare* (*infra*). The range of subjects is indicated by the chapter headings: Safeguards of Family Life; Health and Medical Care of Children—basic premises, maternal care and care of newborn infants, care of infants and children, care of sick and physically handicapped children, maternity, infant, and preschool child services, school health programs, health of youth at work, mental health, local, state, and federal responsibility; Educational Services in the Community—education through the schools, leisure-time services, library service for children and youth; Child Labor and Youth Employment—protective measures, vocational preparation, guidance, placement, and work experience; Social Services for Children—essentials of a community program, foster care services, the juvenile court, prevention and treatment of juvenile delinquency, provision for the physically handicapped children, state and community provision for mentally defi-

¹ See *Children in a Democracy* (*infra*).

cient children, state leadership and aid in developing local services; Economic Aid to Families; and Public Administration and Financing.

Safeguarding the Health of Children

The right to health protection before birth and in infancy and early childhood is the cornerstone of child welfare. In 1912, when the Children's Bureau began its studies of infant mortality, it was estimated that 300,000 babies died annually in the United States during their first year of life. A large proportion of these deaths occurred in families with very low incomes, living under subnormal conditions. In 1926 the number was reported as 182,000; in 1933, as 121,000; and in 1943 the number had been reduced to 118,000 in spite of the increased population of the country and the higher wartime birth rate. Within the ten fiscal years 1933-1943 the mortality rate for infants had been reduced 31 per cent; but, as a recent report by the Children's Bureau states, "We have far to go before we can claim that every infant death is unavoidable, unpreventable." The report cited shows that while the rate for the nation in 1943 was 40 infant deaths per 1,000 live births, 23 states were less successful than the nation as a whole in saving babies' lives. It also shows that the risks of death for Negro babies were much greater than for white babies.

In addition to preventing the deaths of infants, medical science has made great strides in reducing the hazards of childbirth. The death rate of mothers from childbearing was reduced 60 per cent from 1933 to 1943. The relation of this fact to child dependency is clear. The gains made in protecting the health of children during the first critical years of life have probably been equally significant. But, as was stated in the general report of the White House Conference on Children in a Democracy, "A health program for the American child during the coming decades will have important new assets. For example, we know more about the health, growth, and development of the child than ever before. Therefore our practical objectives are higher, particularly as to nutrition, protection against infec-

tion, and preventive care of sight, hearing, teeth, and so forth. We know how far we have advanced but also how far we lag behind in the application of available medical knowledge, especially in the less favored parts of the country and among certain groups of the population."

Increased facilities for medical care (though interrupted to some extent by the exigencies of wartime), the services of public health nurses, and discoveries of new methods of preventing and treating epidemic and childhood diseases will prolong the lives and safeguard the health of a great many children who in previous generations would have been doomed to an early death or to physical disability. A better understanding of the importance of sanitary measures and proper housing will increasingly save children from the hazards which still exist in many communities in spite of efforts to bring home to every center of population, large and small, the vital need for saving the lives and the health of children. Economic conditions which insure to every family the ability to obtain the necessities of life, and a more general understanding of the principles of good nutrition and of homemaking, will give many children a better chance to develop healthy bodies and to take full advantage of the opportunities which every community should provide for children.

The gains which have been made through preventive health services are of the utmost importance to the social welfare of children, not only in reducing the number of maternal and infant deaths, but in eliminating hazards of childhood diseases which have so often resulted in physical handicap. Dependency of families, and consequent child dependency, has been reduced very appreciably during past years by the fight which has been waged against tuberculosis and other diseases that formerly took a heavy toll of parents and children. The scourges of yellow fever and smallpox have practically been eliminated. Immunization against certain children's diseases and more effective medical care have prevented great numbers of children from contracting these diseases. Particular attention has been given to treatment and convalescent care of

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children with rheumatic fever, a disease whose extent was not recognized until recent years, although provision for the care of rheumatic fever patients still reaches only a small proportion of the children suffering from the disease. Orthopedic treatment and other methods of combating crippling conditions have restored many handicapped children to a life of usefulness in the community which they were denied not many years ago. Ophthalmia neonatorum, previously the scourge of newborn infants, has been all but vanquished as a cause of blindness. *See* CRIPPLED CHILDREN, MATERNAL AND CHILD HEALTH, MEDICAL CARE, PUBLIC HEALTH, PUBLIC HEALTH NURSING, and SOCIAL HYGIENE.

Education

During the war more than 200,000 teachers left their positions, many entering the armed forces but more going to higher paid war jobs. In one year the schools had to fill 80,000 positions with teachers holding only emergency certificates. Overcrowding of schools has also been a serious problem, with the result that more and more children have been placed in schools that are not only understaffed but also overcrowded. The wartime developments emphasized especially the need for more kindergartens and nursery schools.

During the war large numbers of boys and girls who were old enough left school for employment in war industries and in other occupations urgently in need of workers. "Back-to-school" drives stemmed the tide to some extent; and with the return of men who had been in the armed forces and the discontinuance of emergency war work, some of these children have returned to school. Many of them will undoubtedly remain adrift, however, so far as further education is concerned. Years of readjustment will be required before education can be raised to the level that the country will demand to correct the educational deficiencies revealed in the Selective Service process. Many states ranked as "poorest" in educational provision are making a considerable effort to educate their children but do not have the wealth to do so. Federal aid for education, to correct this irregularity, has been advocated for many

years and several bills to effectuate it are now pending in Congress. Such aid has been strenuously resisted because of the fear that financial assistance would mean control of educational methods, and by reason of differences in opinion as to whether our public schools should receive such aid.

During recent years there has developed a much closer relationship than previously existed between schools and the health and social service facilities of communities. Also important contributions to the physical welfare of school children and to the prevention and correction of physical handicaps have been made in the school systems themselves through medical inspection, inadequate as it usually is and without means of assuring corrections of defects found, by provision of school lunches, and through facilities for training crippled children and for educating children with serious defects of vision or hearing. Sight-saving classes for semisighted pupils, and modern methods of discovering degrees of deafness, have placed the necessary measures for prevention and treatment within the reach of thousands of children. Psychological examinations of subnormal children have led to adaptation of the school program to their needs; and clinical studies of children who have behavior difficulties have shown the need for close relationship between the schools and social agencies. Through parent-teacher activities and other methods of keeping parents in touch with children's problems and the work being done by the school, the gap between the family and the school is being bridged in many communities. *See* THE BLIND, THE DEAF AND THE HARD OF HEARING, PARENT EDUCATION AND CHILD DEVELOPMENT, SIGHT CONSERVATION, and SOCIAL AND HEALTH WORK IN THE SCHOOLS.

Economic Basis of Family Life

Sound family life is in very large measure dependent upon economic and industrial conditions which make it possible for the worker to maintain a good standard of living, including proper housing. When the resources which should be available to all families are lacking because of unemployment, illness, or other

misfortunes, the community must supply the means whereby the home can be conserved. The nation-wide effort to relieve destitution during the depression of the 1930's focused attention on the need for material aid and social service in the remotest sections of states as well as in the large cities. Areas heretofore with only the most primitive resources for assisting destitute families and caring for handicapped children have become aware of the existence of problems that endanger the social welfare of the whole community if they are neglected. Federal social security funds for old age assistance, grants to the blind, and aid to dependent children in their own homes have encouraged states and localities to provide more adequately for these groups, and have made it possible to finance these forms of aid. Many states have provided funds also for general relief administered by local units; and the standards of aid to destitute families have been increased greatly in many localities throughout the country. The growth of the system of aid to dependent children, superseding the original form of "mothers' aid," has demonstrated the need for this form of assistance as a fundamental measure of conservation of family homes and prevention of actual child dependency. At the present time, even with increases in the amounts of assistance that have been made in many places, the monthly grants are so low in a considerable proportion of the states that the purpose of this aid is largely defeated. A major reason for the inadequacy appears to be financial inability of the states and their communities to contribute larger amounts; but, also, the federal legal provisions have been seriously defective in the financial limitation placed upon the federal contribution to the states. Efforts have been made for a number of years to lift the ceiling on the amount of the federal contribution and to place federal grants on a variable matching basis which would take into account the states' ability to provide funds. Although Congress at its last session failed to adopt the proposal for variable grants, it did, by amendment of the Social Security Act, increase very considerably the amount of federal funds that may

be granted to the states for aid to dependent children.

Various types of social insurance such as workmen's compensation, unemployment insurance, old age and survivors' insurance, and sickness insurance are recognized as vital to the conservation of home life. Breakdown of family life from economic causes not only is the most potent cause of child dependency and neglect, but a large part of the juvenile delinquency problem may be traced to the same source. The foundation of child welfare is normal home life. Child welfare programs are seriously limited if a community does not have adequate and well-administered public assistance and relief and provision for social services needed by families. Voluntary as well as governmental agencies have an obligation to provide family social services which will prevent needless child dependency, neglect, and delinquency, and which will conserve health. *See FAMILY SOCIAL WORK, HOUSING AND CITY PLANNING, OLD AGE AND SURVIVORS' INSURANCE, PUBLIC ASSISTANCE, and UNEMPLOYMENT COMPENSATION.*

Child Welfare Services

The Social Security Act of 1935 and the 1939 amendment of the Act made provision for an annual federal appropriation of \$1,510,000 to be allotted to the states through the Children's Bureau for the purpose of "establishing, extending, and strengthening, especially in predominantly rural areas, public welfare services for the protection and care of homeless, dependent, and neglected children, and children in danger of becoming delinquent." Rural areas were placed in a special category not because of any distinction between the kinds of services needed but because these areas had been neglected and were in special need of social services. The needs of children in rural areas, although they may differ in extent, are the same as the needs of those in all other areas. The same types of resources are required to provide the necessary care and protection for all children who are disadvantaged by child dependency, neglect, delinquency, mental deficiency, or physical handicaps.

The plans for the use of federal funds de-

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veloped jointly by the states and the Children's Bureau have provided for (a) state services for the encouragement and assistance of adequate methods of community child welfare organization, and (b) case work and other services directly related to local social services for children. Because of the limited funds available, emphasis has been placed upon services to children living in their own homes and the development of activities for the prevention of child dependency, neglect, and delinquency, rather than upon provision of foster care. Assistance has, however, been given in many states to voluntary as well as governmental institutions and child-caring agencies, in providing case work services for children under foster care and in improving methods of care. In addition to general consultation services to local units, a number of states have developed specialized services providing technical consultation in special fields such as adoption, foster care, and day care; and the services of child guidance clinics have been made available in some areas.

During the seven-year period from July, 1938, to July, 1945, 1,667 of the 3,050 counties in the United States had the help of federal funds in providing social services for children. The largest number of counties receiving such assistance at any one time was 1,135, including counties in which service was provided on the basis of "areas" covering two or more counties. In many states the cost of social services to children was taken over entirely by local units after a period of demonstration of needs and methods of work. In like manner many states have assumed the cost of state services formerly paid for from federal funds. This permitted the extension of services to a greater number of "areas of special need" during the wartime emergency.

The total number of positions for professional workers paid for in whole or in part by federal funds increased from 434 in 1939 to 553 in 1942. Since then the number has decreased each year to 375 in 1945. The number of these workers assigned to areas of special need was 59 in 1939; in 1945 the number was 160. In some states the need for services in "war-impacted" areas was so great that it was

necessary to transfer workers from rural areas to areas of special need. The decline in the total number of professional social workers paid for by federal funds may be due in part to the increased acceptance of responsibility by the states and local units, but is undoubtedly to be attributed in large measure to the greater difficulty of obtaining and retaining workers which was encountered during the war period.

Of the 1,667 counties for which federal funds were used during the seven-year period, 694 had the services of workers devoting full time to social services for children in one county. The remaining counties had only part time of the workers, who had responsibility for additional services such as public assistance or who served two or more counties. It is obvious that the number of workers paid for from federal funds does not represent the total number of professional workers employed for child welfare services, nor does the number of counties reported as receiving federal funds through the states indicate the extent to which such services were made available. In some states the major share of this development has been paid from state and local funds, federal funds being used mainly for demonstration purposes and for training of workers. *See ADOPTION, DAY CARE OF CHILDREN, FOSTER CARE FOR CHILDREN, JUVENILE BEHAVIOR PROBLEMS, JUVENILE AND DOMESTIC RELATIONS COURTS, and RURAL SOCIAL PROGRAMS.*

In 1946 Congress authorized an increase of \$2,000,000 in the amount of funds available to state welfare departments for promoting state and local child welfare services.

Child Welfare Legislation

In no field of activity in behalf of children is it so essential to unify and correlate various interests as it is in planning child welfare laws. Legislative measures should take into consideration the interrelationships of health, education, social welfare, employment safeguards, provision of facilities for recreation, and the many other types of protection and legal control or administrative authority which require permissive action by state legislatures. Legislation which considers only the immediate needs of one type of service, ignoring vital needs of

other interests, may result in weakening existing laws which are essential in other fields of service. Child welfare legislation must also take into account basic principles upon which successful administration must depend. Law is not an end in itself, but a means to an end. Unless laws placed upon the statute books reflect an intelligent public opinion and are accompanied by provision for honest and thoroughgoing administration, they will give a false sense of security, retarding progress instead of advancing it.

Study of laws affecting the welfare of children by officially appointed state commissions began more than thirty years ago with the creation of a Commission to Codify and Revise the Laws of Ohio Relative to Children. Since that time the majority of the states have had commissions, established by law, appointed by the governor or created by some official state agency or by a voluntary group representative of child welfare interests throughout the state. In some states these commissions have been given continuing responsibility, and have made studies and suggested legislation over a period of years; in other states two or more commissions have worked during different periods. Many of the commissions have undertaken extensive studies of child welfare conditions, covering a broad range of subjects; others have limited their inquiries and their recommendations to certain subjects which appeared to require immediate attention. Thirty state commissions for the study of child welfare laws were organized before 1925; between 1925 and 1945, 11 new states were added to the list, and in at least 18 states in which there had previously been such commissions new ones were created. Within recent years two or three such commissions have been established annually. The trend now appears to be toward the organization of state child welfare commissions with broad responsibilities for study of conditions affecting children, administrative methods, and child welfare legislation. The membership of these commissions is representative of child welfare interests throughout the state. They either employ expert legal advisers or include them in the membership. In some states special committees of the state

legislatures undertake the actual drafting and coordination of laws in cooperation with the child welfare commission.

Legislation relating to children should be the result of continuing study of child welfare needs, and of the effectiveness with which statutory provisions are being enforced. Laws are of little avail unless adequate provision is made for administration. *See SOCIAL ACTION.*

Child Welfare Agencies

During the past ten years the number of federal, state, and local governmental agencies in the United States concerned with various phases of child welfare has increased greatly. Voluntary agencies, mainly those providing child care and protective service, decreased in number to some extent during the depression years; and many institutions conducted under private auspices have changed their field of service since public care became more available.

The first agency primarily concerned with children that was established by the federal government was the United States Office of Education, formerly in the Department of the Interior and now in the Federal Security Agency. This Office collects and distributes facts in regard to the progress of education throughout the country and acts as a national clearinghouse of information in all fields of educational activity. It administers grants to states for educational purposes.

The United States Children's Bureau was established in 1912 in the Department of Commerce and a year later was transferred to the Department of Labor. On July 16, 1946, it was transferred (except for its child labor administrative functions) to the Federal Security Agency. Its original and continuing function has been to investigate and report upon all phases of child life, and it has maintained divisions of child health, child labor, and social service. It administers, through grants to states, the provisions of the Social Security Act for maternal and child health services, services to crippled children, and child welfare services, and it has an Inter-American Unit which is responsible for cooperative projects with other American re-

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publics. Prior to July 16, 1946, it was charged with administration of the child labor provisions of the Fair Labor Standards Act (this function now remaining in the Department of Labor). See CHILD LABOR AND YOUTH EMPLOYMENT.

Other federal agencies concerned in part with child welfare are the United States Public Health Service, and the Social Security Administration's Bureau of Public Assistance and Bureau of Old-Age and Survivors Insurance. The United States Department of Justice, the United States Department of Agriculture, and the Office of Indian Affairs also have certain responsibilities pertaining to the welfare of children.

National agencies under voluntary auspices offer advisory service in regard to a number of types of child welfare activities. Some of these agencies maintain a field staff for special studies and consultation and hold annual or regional conferences on problems in their field of interest. One of these, the Child Welfare League of America, was organized in 1920 in accordance with the recommendation of the 1909 White House Conference on the Care of Dependent Children. In 1946 the membership of this agency included approximately 200 accredited agencies engaged in child care and protection. In 1943 the National Day Nursery Association was merged with the League. In January, 1946, the League adopted a "five-year plan" which contemplates expanding the services of the agency to include "establishment and maintenance of adequate standards of work and extension of activities in the child welfare field."

The National Probation Association works for the promotion of legislation relating to juvenile courts and probation service and development of standards and improved services in these fields. Its work includes activities for adults as well as children. The American Association on Mental Deficiency studies causes of mental deficiency and methods of training. Other national organizations concerned with social welfare problems of children include: the National Committee for Mental Hygiene, National Child Labor Committee, National Committee on Boys and Girls Club Work, and

the National Child Welfare Division of the American Legion. National agencies in the field of education include the National Education Association, American Council on Education, Child Study Association of America, Association for Childhood Education, and the National Association for Nursery Education. The American Medical Association, the American Academy of Pediatrics, and a number of other agencies deal with problems of child health.

All states now have departments of social welfare, of health, and of education. The majority of the departments of social welfare and of health include special bureaus or divisions relating to children. State departments promote the activities of county or other local public agencies by giving consultative service, and frequently by assuming part of the cost of local work. State or local public health or social welfare agencies are given authority under state laws for the supervision of private child-caring agencies. Various types of state agencies have responsibility for managing state institutions for children who are mentally deficient, delinquent, or physically handicapped, and some state departments of social welfare maintain institutions or child-placing activities for the care of dependent and neglected children. In most states, however, child care is provided by local public welfare agencies and by organizations under private auspices. Within the past ten years a large number of local departments of public welfare have undertaken a broad form of child welfare services.

National Commission for Children and Youth

The National Commission on Children in Wartime was originally appointed by the Children's Bureau in 1942. It was reappointed in 1944 to consider the special needs of children and youth during the wartime period. In collaboration with the National Defense Council, the Commission's "Program of Action" and other material resulting from its deliberations were distributed to state and local groups throughout the country. In March, 1944, the Commission adopted a statement on "Goals for Children and Youth in the Transition from War to Peace," summarizing the most urgent

needs which then appeared and renewing the call to the people of the nation to plan for the protection of children and youth during the emergency and in postwar years. In April, 1945, a report entitled *Building the Future for Children and Youth* was adopted. In this report the Commission proposed as next steps for the protection of children the following: (a) safeguard family life; (b) extend health services and medical care until they reach all mothers and children; (c) assure to youth, education and employment opportunity and protection; (d) develop community recreation and leisure-time services for young people; (e) assure social services to every child whose home conditions or individual difficulties require special attention; (f) review and revise legislative safeguards and standards relating to children; (g) enable federal, state, and local governments to share the public responsibility for the health, education, and welfare of children; (h) train professional personnel and prepare volunteers to render services to children and youth; (i) provide increased opportunities for youth to share in the planning and development of programs for youth; and (j) educate parents, youth, and all citizens in the importance of providing full security and opportunity for children for the sake of their own happiness and well-being, and for the future of the nation.

In February, 1946, the National Commission on Children in Wartime held its final meetings and recommended for peacetime the appointment of a National Commission for Children and Youth. Such a Commission has now been organized. Resolutions adopted by the National Commission on Children in Wartime at its final meeting provide that the new Commission should consist of not more than 90 members to serve for a period of two years. The membership is to include representatives of national organizations, professional leaders, state and local officials, and others concerned with advancing the interests of children and youth. The resolutions further provide for the appointment of five members of the outgoing Commission to nominate the members of an executive committee which shall nominate the full membership of the new Commission. Ac-

tivities are defined as follows: (a) review of facts concerning children and youth; (b) formulation of recommendations and programs; (c) educational activities; (d) service as a clearinghouse on proposals for children and youth; (e) stimulation and promotion of state and local action on matters of federal legislation affecting the welfare of children and young people; (f) presentation of Commission recommendations by the chairman, or those designated by him, to administrative officers and legislative bodies; and (g) encouraging and fostering state and community planning through state and local commissions or committees with functions comparable to those of the National Commission for Children and Youth — the executive committee to give consideration to the desirability of inviting representatives of state commissions to attend meetings of the National Commission. It was also recommended that consideration be given to the appointment of standing committees in the various areas of interest to formulate proposals for the Commission's consideration, inviting persons from outside the Commission's membership to share, as needed, in the committee work. It was further suggested that plans be made for more local participation in the work of the Commission by inviting some local workers in agencies concerned with children and youth to each Commission meeting, and by other means.

Inter-American Cooperation

For more than a quarter of a century the republics of the Western Hemisphere have cooperated in efforts to promote the well-being of North and South America. The first official Pan-American Child Congress was held in 1916, and since then American republics have participated in seven such Congresses devoted exclusively to the discussion of child health, education, and social welfare problems. Succeeding years have witnessed progressive development of child welfare activities in all of the American countries, often following closely the recommendations of the Pan-American Child Congresses which have provided a forum for the exchange of information and ideas.

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The first Pan-American Child Congress was held in Buenos Aires, Argentina, in 1916; the second, in Montevideo, Uruguay, in 1919; the third, in Rio de Janeiro, Brazil, in 1922; the fourth, in Santiago, Chile, in 1924; the fifth, in Havana, Cuba, in 1927; the sixth in Lima, Peru, in 1930; the seventh, in Mexico City, Mexico, in 1935; and the eighth, in Washington, D.C., in 1940. Plans are now under way for the ninth Pan-American Child Congress, to be held in Venezuela, probably in 1947.

Resolutions adopted at the various Congresses have dealt with the following subjects: (a) protection of child health and development of health education; (b) establishment of a minimum age for employment of minors, compulsory physical examinations, and requirement of certificates of minimum school attendance; (c) education, including training of preschool children and rural education; (d) legislation to reduce economic and social inequalities and measures pertaining to social security and material relief of families; (e) maternity care, with special reference to working mothers, and prenatal and postnatal care for indigent mothers; (f) foster family care of dependent children and supervision of such care; (g) treatment of juvenile delinquency, and establishment of juvenile courts with qualified judges and probation officers; (h) public administrative agencies to promote the health and social welfare of children; (i) codification of child welfare laws; (j) central government bureaus to investigate and report upon child welfare matters and to coordinate methods of work and stimulate private child welfare activity; and (k) the duty of governments to provide for the needs of their children through adequate appropriations for their maintenance, education, and vocational training.

One of the major achievements of the Child Congress movement was the establishment in 1927 of the American International Institute for the Protection of Childhood. The Institute is a permanent center of research and information on all matters pertaining to child life, with headquarters in Montevideo. In 1928 the United States formally became a member of the Institute. The Chief of the Children's

Bureau was appointed by the Department of State as the technical representative of this country, and has continued to serve in this capacity.

Since 1941 the Children's Bureau has been sharing in the cooperative program for the development of social, economic, cultural, and scientific relations with the other American republics, under the auspices of the Department of State. The Bureau includes a unit known as "The Inter-American Cooperation Unit," through which a staff of medical, nursing, nutrition, and social service consultants gives advisory service, on request, to official agencies of South American countries. This Unit plans programs of study, observation, and in-service training for specialists invited to the United States. Through one type of project or another the consultation service of the Children's Bureau has reached into every one of our sister republics in this hemisphere. A publication prepared by the Children's Bureau, now in press, *Selected Readings in Social Service for Family and Children*, is to be issued in Spanish. The material was designed to be used especially by schools of social work and practicing social workers in Latin America.

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EMMA O. LUNDBERG

COMMUNITY CHESTS.¹ The community chest is a cooperative organization of citizens and their community health and welfare agencies, the broad purpose of which is the promotion of the health and social welfare of the area in which it operates. The function of the chest is to develop knowledge and understanding of the social needs and resources of the community; to raise funds through an annual campaign or otherwise for the support of its member agencies and other approved purposes; to allocate funds so raised in a manner that will best meet the needs of the community; and to work cooperatively with others to improve standards of service and to further efficiency in organization and management.

The Federation for Charity and Philanthropy which was created in Cleveland, Ohio, in 1913 is commonly regarded as the first community chest. The federation idea as applied to joint fund raising, however, antedates this development. There were early experiments along such lines in Liverpool, England, in 1873; Denver, Colo., devised a plan for financing federated charitable agencies in 1887; Elmira, N.Y., adopted a federated plan in 1910; and federations of Jewish agencies were in existence in several of the larger cities of the country starting with Boston, in 1895. Likewise, the campaign method of fund raising was an earlier development, generally credited to the Young Men's Christian Association.

A community chest, however, is more than a federation of agencies using campaign techniques for fund raising. Its further character-

istics, as commonly accepted in the movement which has developed since 1913, are as follows: (a) its membership is reasonably inclusive, not only in terms of the number of agencies in the community seeking support but also in terms of the extent and representative character of citizen participation; (b) the appeal is based upon a thorough study of the operating requirements of its member agencies; (c) the chest assumes responsibility for approving the operating budgets of its member agencies and disburses the funds collected in accordance with approved budgeted needs; (d) it gives the contributor "immunity" from other appeals for operating requirements by the member agencies of the chest; (e) it maintains a program of educational publicity in support of the campaign and to promote public understanding of the role of the voluntary agencies in community life; and (f) it customarily exercises control with respect to the timing and amount of its member agencies' appeals for capital requirements. A united campaign is the common denominator of all community chests. But a joint fund-raising organization is not a chest in the full sense of the term unless it recognizes in the basic purpose of its existence a concern for the effective development of the health and social welfare program for the community.

The community chest is closely related to and has greatly stimulated the development of social work planning on a community-wide basis. See COMMUNITY ORGANIZATION IN SOCIAL WORK. The range of such planning goes far beyond the membership of the chest, including not only voluntary agencies which may not be participating in the united appeal but also health and welfare services financed through tax funds. Nevertheless, the planning and the financing of social work are inseparable, and neither the planning body, represented by a council of social agencies, nor the chest can operate with maximum effectiveness unless their activities are very closely coordinated. See COUNCILS IN SOCIAL WORK. The council may be separate and distinct from the chest, the two may be departments of an overall organization, or either one may be set up as an integral part of the other. Where they are

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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separate, there is usually some provision for representation between one group and the other in recognition of their community of interests. Whatever form the relationship may take, the structure of the chest must be such as will provide for each of these two functions the conditions most conducive to its fulfillment while recognizing the dependence of one on the other.

Structure and Membership

Most community chests are incorporated bodies with a constitution and bylaws determining their operation. In some cities the agencies, through their delegates, are the sole members of the corporation. In others, givers to the campaigns are the only members. More frequently, however, and in accord with the principle of community-wide participation for which a chest stands, although member agency representatives may be in the majority, the voting membership of the chest includes substantial representation from the campaign group and the givers and not infrequently, also, from other civic bodies having a concern for social welfare.

The community chest is essentially a local undertaking, and local conditions and sentiment determine what agencies shall be included as well as other characteristics of the federation. In general, nonprofit organizations which are organized and operated primarily for health and social welfare and contributions to which are deductible for income tax purposes are considered eligible for membership, provided they are not engaged in a type of work so controversial in its nature as to handicap the common effort by its inclusion. The membership of a chest usually includes agencies rendering service free or at a nominal charge to those who are not regarded as "needy"; agencies whose activities are of an educational and cultural character; agencies which combine free service with a considerable amount of service paid for on a fee basis; and some agencies which obtain substantial revenue from tax funds. In a study conducted in 1944¹ of 181 chests of varying size and lo-

cation, the 25 chest member agencies with highest incidence of membership and in order of their frequency were as follows: Boy Scouts; Girl Scouts; Young Women's Christian Associations; Salvation Army (family service department); Young Men's Christian Associations; family service society; visiting nurse association; day nursery; settlement; neighborhood house, or community center; children's institution; Catholic social service agency; Jewish social service agency; general hospital; home for the aged; travelers' aid society; boys' club; general case work agency; recreational agency; orphanage; child placement agency; Camp Fire Girls; Salvation Army (recreational department); mental hygiene society; aid-for-the-blind society; and tuberculosis and health association.

Growth of the Movement

In terms of the number of cities adopting the community chest method the movement has shown a steady growth since 1913. A peak period of expansion occurred between 1921 and 1924, stemming from the experience with war chests in the first World War and the great increase in giving during that period. See Table 1. A second peak period in the annual net increase in the number of chests took place during 1929 to 1931, at the outset of the depression. The third and by far the most substantial expansion of the community chest method of financing in point of the number of communities participating is associated with the second World War. The number of recorded chests showed a marked increase in 1939, and during 1942 war chests were being organized in practically every city in the country on as all-inclusive a basis as possible.

In January, 1943, as a result of the demand from local communities for federation of war appeals and specifically at the request of the President's War Relief Control Board, the National War Fund was organized. Not in itself a direct fund-raising organization, the National War Fund secured funds through local war chests or other unified local appeals for the approved budgeted requirements for its member agencies, including the United Service Organizations (USO), the United Sea-

¹ Community Chests and Council, Inc. *Community*, February, 1945, and unpublished manuscripts.

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TABLE I

Total Raised by All Recorded Chest Campaigns,
1925-1946^a

Chest Year ^b	Number of Campaigns	Amount Raised	Percentage of Goal
1925	240	\$58,003,965	94.0
1926	285	63,677,235	94.7
1927	308	66,432,072	94.4
1928	314	68,664,042	96.2
1929	331	73,276,688	95.9
1930	353	75,972,555	95.5
1931	386	84,796,505	98.7
1932	397	101,377,537	96.8
1933	401	77,752,954	83.7
1934	399	70,609,078	83.2
1935	406	69,781,478	87.2
1936	429	77,367,634	91.8
1937	452	81,707,787	93.8
1938	475	83,898,234	93.3
1939	523	82,771,362	91.2
1940	561	86,297,068	95.3
1941	598	90,379,099	98.0
1942	632	104,575,890	99.6
1943	649	162,334,486	107.0
1944	703	210,415,187	100.9
1945	772	221,272,950	101.9
1946	798	197,048,839	89.8

^a Community Chests and Councils, Inc. *Community Chest Campaigns for 1946*. August 1946.

^b Ending August 31 of year shown.

men's Service, War Prisoners' Aid, Inc., and 19 organizations sponsoring relief to countries abroad. This marked expansion of the federation plan in the financing of local and national requirements was a "grass roots" movement. From the beginning it was the basic policy of the National War Fund to "maintain the home front." Community chests became largely synonymous with war chests. United appeals of record in 798 local communities serving a population of almost 73,000,000 persons yielded \$197,048,839 for the year 1946. Of these campaigns, 713 were "community war chest" campaigns which raised approximately \$190,000,000 for war appeals and local agency appeals combined.

With the close of the war and the dissolution of the National War Fund, there has been a reduction in the number of local federated appeals and in the amounts raised by them. The total amount raised for 1946 represented about a 10 per cent reduction from the previous all-time high of \$221,272,950 for 1945. Much of the latest geographical expansion has taken place in the smaller communities, where experience has shown that the "death rate"

of chests is highest. State war chests, which proved to be a valuable medium for implementing the efforts of the National War Fund in promoting and strengthening organization at the local level, seem unlikely to have any extensive counterpart in the immediate post-war period. Nevertheless, there is every indication that in terms of the number of communities participating and the amount of money raised the chest movement will finally emerge from the war experience in a stronger position than before.

The movement seems to have been indigenous to the North American continent. Chests are not always successful, particularly in cities under 100,000 population where not a few have been abandoned. Nor are they exempt from certain negative tendencies stemming from the nature of their organization and function which, if unchecked, could easily wreck their broader purpose, such as the autocratic control of agency programs, domination by conservative financial interests, and the negative effects of the so-called "immunity rule."¹ Nevertheless, "community chest" in this country has become a household phrase and the movement is firmly entrenched in popular esteem. It is significant that in three major social crises—two world wars and a depression—local needs and sentiment called for an expansion of the chest method which lifted the movement to a new and higher level of performance.

A variety of circumstances may explain the substantial growth of the chest movement. The basic idea of federation is simple and easily understood. There is evidence that more money is raised and more people contribute under the federated plan than under competitive financing. The cost of fund raising, including year-round administration, is usually less than 7 per cent of the amount pledged. The budgetary method tends to promote a fairer apportionment of funds among the private agencies in relation to community needs and introduces the important element of establishing a definite time for making decisions in social welfare planning.² Methods of

¹ See p. 448 in McMillen, *infra*.

² *Ibid.*

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statistical and financial accounting have been improved. Certain less tangible but none the less real advantages accrue to the community which has learned the lesson of community teamwork in such a joint humanitarian effort. Partly, also, the expansion of the chest movement is no doubt due to certain inherent characteristics of life in the United States, a considerable degree of surplus wealth, an open-handed generosity, and a flair for organization, competitive effort, and salesmanship.

Campaign Methods

The community chest's aim is to present a single united, personal appeal annually to all the potential givers of a community in order to secure in full the contribution-support needed by its member agencies. The Community Fund of Chicago and the Greater New York Fund are exceptions to this general plan, in that each concerns itself primarily with contributions from corporations and organized groups, thus permitting the agencies to solicit personal contributions independently.

The techniques of the chest campaign have become somewhat standardized and highly efficient. Intensive publicity programs precede and continue throughout the period of fund raising. See PUBLIC RELATIONS AND EDUCATION IN SOCIAL WORK. Various teams are organized to canvass the entire population. Their assignments are generally on a geographical basis, with certain groups segregated for special handling: for example, corporations and the larger givers, who are approached well in advance of the campaign; and industrial, commercial, and public employees, who are canvassed through group solicitation in occupational categories at their places of employment. Quite generally employees have agreed to the payroll deduction plan whereby they authorize their employers to deduct from their pay the amount of their pledges over a stipulated number of weeks.

The essentials of a successful campaign include "top flight" leadership; representation of all important elements in the community; public understanding as to the reality of the need; careful rating of prospects; development of "key gifts" to set the proper pace; a

carefully and specifically assigned division of labor within the campaign organization; specific instructions to campaign workers on their tasks; the assignment of quotas to campaign units and the element of competition between these units with respect to reaching their quotas on time; adequate staff service; and, last but by no means least, a year-round effort to keep givers informed as to what has been done with the funds they contributed and to encourage the enrollment of new workers in the campaign effort.

Analysis of Campaign Results for 1946

Of the \$197,048,839 raised in 798 local communities for the year 1946, the sum of \$62,550,972 was for national war appeals, according to a recent analysis of campaign results.¹ The returns from most community chests were between 80 and 100 per cent more for 1946 than for 1941, including a general increase of more than 40 per cent for local agency programs. Average per capita amounts raised by chests increased nearly 75 per cent between 1940 and 1946, and the number of subscribers to 1946 campaigns represented an increase of approximately 25 per cent over 1941 figures and more than 50 per cent over the average number of subscribers during the late 1930's. Using the average amount raised between 1935 and 1939 as a base of 100, the campaign results for 282 chests reporting continuously during the period were represented by 223.9 for 1946 and 253.8 for 1945.

In 186 local campaigns for which information is available, and which raised slightly over \$77,000,000 for 1946, the per capita amount raised averaged approximately \$2.84 although the larger cities show a considerably higher "per capita" than the smaller ones, ranging up to \$3.67 for chests raising \$2,500,000 and over. Classified contributions, excluding gifts of school children and various other unclassified pledges, amounted to more than 21 gifts for every 100 persons in the areas covered by the campaigns. The average chest received more than 60 per cent of the total

¹ Community Chests and Councils, Inc. *Community Chest Campaigns for 1946 and Trends in Community Chest Giving*. August 1946.

from gifts over \$100, nearly 45 per cent from gifts of \$500 and over, and approximately 28 per cent from gifts under \$25. However, the majority of subscribers (65 per cent) gave under \$5.00, and nearly 95 per cent of the total gifts were less than \$25 each. Corporation gifts averaged 34 per cent of the total raised, and employe gifts amounted to approximately 15 per cent. Contributions of \$500 and over amounted to a much higher proportion of total funds for the 1946 campaigns than in previous years, while gifts under \$25, which in the past several campaigns amounted to more than one-third of total funds, represented less than 30 per cent in the 1946 campaigns.

Budgeting and Distribution of Funds

Uniform methods of agency accounting and budgeting are basic to a chest program, both for the purpose of understanding the financial needs of the health and welfare services of the community and for directing the distribution of funds to agencies during the fiscal year in accordance with approved budgetary requirements. In most cases, chest funds are for maintenance purposes only and are allocated with a view to meeting an operating deficit. In the case of hospitals, which are included in some 50 per cent of chests, the attempt is made in some instances to allocate funds on an operating deficit basis, while in others either a lump-sum appropriation is made, or the distribution is determined by various formulae related to net free service units, or the chest may contract to pay for a certain number of free days care at an agreed-upon rate.

There has been a decided trend toward holding the annual review of budgets after, rather than before, the chest campaign. Chest budgeting, however, closely related as it is to social work planning and research, is increasingly being recognized as a continuing year-round process. Properly directed, it may yield factual information of significance in setting the objective of the campaign, whether the annual review of all budgets comes before or after that event.

It is customary for the governing board of the chest to have final authority on budgeting,

operating through a budget committee on which the agencies as a whole, but not individually, frequently have representation. The budget committee, in turn, functions through several subcommittees related to the various functional fields such as health, child welfare, group work, and so forth. Councils of social agencies have assumed varying degrees of responsibility for budgeting and commonly participate in the undertaking. Budgeting typifies a partnership relationship between the chest and its agencies. The former, as trustee of the funds with which it is vested, must necessarily exercise its judgment with reference to the allocation of those funds, yet does not wish to substitute its own judgment for that of the agency board on matters of internal management. On the other hand a budget, when approved—representing as it does the combined thought of the agency and the chest—must be taken by both as a medium of control so long as it is in effect. Payments on an approved allocation are usually made conditional on the continuance of the need as forecast in the budget. The general supervision of payments in accordance with current need and the consideration of emergency requirements not anticipated in the budget are generally also handled by the budget committee.

Analysis of Distribution of Funds for 1946

In 103 community chests for which detailed information was available,¹ and which allocated a total of slightly over \$71,000,000 for 1946, reports show that 34.1 per cent went to various national and state organizations including the National War Fund and the United Jewish Appeal for Refugees, Overseas Needs and Palestine, while 53.4 per cent was appropriated to all types of local agencies. Central services, including campaign, publicity, year-round administration, the social service exchange, and the council of social agencies, received 7.9 per cent of total allocations. An allowance of 4.6 per cent of total allocations was set up to handle shrinkage due to uncollected pledges.

¹ Community Chests and Councils, Inc. *Community Chest Budgeting*. June 1946.

Community Chests

The largest share of local community chest money (38.2 per cent of total agency appropriations) went to various types of recreational and group work agencies. The next largest proportion (23 per cent) went to family service and general dependency agencies.

Based on observations in 66 cities where comparable figures were available, 1946 chest appropriations to local agencies averaged 46.3 per cent more than the 1941 total. With the exception of hospital care, all types of service showed some increase between 1945 and 1946, a drop of 9 per cent in hospital appropriations being offset by other increases to yield a net advance of 4.8 per cent.

Comparison of 1946 appropriations with the average during 1935-1939 and with the 1941 figures highlights the increasing community chest support of recreational and group work agencies. Allocations to this field were more than twice the 1935-1939 average and 76.2 per cent higher than the 1941 total. Central finance and planning showed an even greater increase, 116.1 per cent more than the average during 1935-1939, reflecting costs of campaigning for greatly increased amounts of money and the inclusion of central volunteer bureaus, veterans' information and referral centers, and various common services which developed during the war years.

Community chest funds represent approximately 30 per cent of the total income of all chest agencies in these cities, although this proportion ranges from a low of 4.5 per cent in the case of hospitals to a high of 54.5 per cent for the group of agencies concerned with family service and general dependency.

A recent study¹ of total expenditures in 14 cities for health and welfare agencies of all kinds (including governmental and voluntary, chest and nonchest) provides perspective on the role played by community chest funds in the financing of the total community welfare program. During 1944 the 14 communities spent in aggregate approximately \$27 per capita for all kinds of health and welfare services. Seven and seven-tenths per cent of this money was from the community chest; 38.5

per cent was from other voluntary sources including fees for services rendered, investment income, the sale of products, and other contributions; and 53.8 per cent came from tax funds. When expenditures of all agencies are considered in total, including those under public auspices as well as voluntary chest and nonchest agencies, chest appropriations to the various types of agency as a percentage of total agency income are as follows: relief and services to families and adults, 4.7 per cent; child welfare, 15 per cent; health, 3.1 per cent; group work and recreation, 30 per cent; and planning, financing, and coordinating services, 83 per cent.

Community Chests and Councils, Inc.

To reach directly into communities and help member chests and councils with their individual problems, and to carry out on the national level those objectives which call for the focusing of the movement as a whole into one united front, the chests and also the councils of social agencies and social service exchanges of the country are served by a national organization, established in 1918 and known as Community Chests and Councils, Inc. Supported almost entirely by membership dues, its operating budget for 1946 amounted to \$403,000. It annually publishes a directory of community chests and councils of social agencies; compiles and analyzes campaign results; collects and distributes information on methods of campaigning, budgeting, and social welfare planning practices; advises on personnel practices and placement; undertakes studies and surveys; and annually conducts various regional and national institutes and conferences for chest and council personnel. See RESEARCH AND STATISTICS IN SOCIAL WORK. The organization sponsors a training course for executives in the School of Social Administration, Graduate Program, Ohio State University. It pioneered in the setting up of registration areas of social statistics through which common measurements as to volume and rates of social services can be established and related to costs, an undertaking which for a time was assumed by the United States Children's Bureau but is now again under the

¹ See Community Chests and Councils, Inc. *Expenditures for Community Health and Welfare* (*infra*).

direction of Community Chests and Councils, Inc. The organization has made several studies of corporation contributions to community chests, and in 1935 was instrumental in securing national legislation which permits corporations to deduct charitable gifts from their federal income tax returns up to 5 per cent of their net income. It was responsible for the study and promotional work which led to the establishment of the National Health and Welfare Retirement Association in October, 1945, an organization on a nation-wide basis for the provision of retirement annuities to employes of health and welfare agencies. It sponsors the Advisory Committee on Volunteer Service. *See* VOLUNTEERS IN SOCIAL WORK. A national Committee on Social Service Exchange functions as a department of Community Chests and Councils, Inc. *See* SOCIAL SERVICE EXCHANGES.

From 1932 up to the time the National War Fund was organized, Community Chests and Councils, Inc., conducted an annual "Mobilization for Human Needs," an educational campaign on a national scale to assist local chests in raising their funds.

Long before Pearl Harbor, the number of war-related appeals was rapidly increasing as also were the demands on local all-time agencies; and it became apparent that something would have to be done to bring about a united front in fund raising, budgeting, planning, and interpretation. The community chest movement nationally as well as locally lent its influence in this direction. In 1942 a three-way cooperative agreement with respect to the support of local campaigns was worked out by Community Chests and Councils, Inc., the United Nations Relief Committee of the American Federation of Labor, and the Committee for American Allied War Relief of the Congress of Industrial Organizations. *See* LABOR AND SOCIAL WORK. In the same year Community Chests and Councils, Inc., set up a National Budget Committee for War Appeals and worked out a quota plan for the guidance of local communities in estimating their share of the amount needed. The responsibility for national promotion, coordination, and budgeting passed over to the National

War Fund, when it was organized in January, 1943. With the discontinuance of the National War Fund appeals in 1946, Community Chests and Councils, Inc., with a substantially increased program financed by increased membership dues and underwritten in part during the first postwar year by the National War Fund, again established a National Budget Committee available to such national organizations, war-related or otherwise, as might wish to avail themselves of this procedure in presenting their appeals to local communities, and again resumed its national promotional efforts on behalf of local appeals through the creation of a strongly supported citizen group known as Community Chests of America.

Postwar Outlook

With the National War Fund campaigns over, it is perhaps natural to find most chests in the fall of 1946 exhibiting a desire "to get back to normal." The majority of them will make some provision for the continuing needs of USO in 1947. It will be the exception rather than the rule, however, for local chests to provide for foreign relief appeals even when reviewed and approved by the National Budget Committee.

In this immediate postwar period the community chest movement appears to stand at the cross-roads. A certain amount of lethargy and reaction from the high tension of the war years is natural and inevitable. The question is whether the principle of federation, grounded on the broadest possible participation of all interests involved, will be sustained in the years ahead. It has been the keystone of the success of the chest movement; can it stand the pressure of postwar conditions? Will the cooperation which was developed with organized labor under the incentive of a common purpose to win the war continue to serve the common cause, notwithstanding a period of industrial strife and dislocation? Have thirty-three years of emphasis on a single united appeal obscured the fact that the strength of the chest appeal is in its inclusiveness? Has the chest appeal become, in the minds of contributors, just one appeal out of

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many, and, in the minds of its sponsors, an appeal which must be protected from the encroachment of others?

Other questions relate to the financing of new and expanded services, incident to the war period, which the community has learned to value and wishes to perpetuate; long-deferred and pressing needs for building maintenance and capital improvements; the support of national health and welfare agencies in this country, and those which render relief and service abroad, whose reason for existence and whose present support from local communities demonstrate clearly that no community can confine its responsibilities within its own boundaries. The present-day challenge to the chest movement is considerable but, it is believed, not out of scale with its past accomplishments.

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JOHN B. DAWSON

COMMUNITY ORGANIZATION IN SOCIAL WORK. Community organization in its generic sense is deliberately directed effort to assist groups in attaining unity of purpose and action. It is practiced, though often without recognition of its character, wherever the objective is to achieve or maintain a pooling of the talents and resources of two or more groups in behalf of either general or specific objectives.

Perhaps the most conspicuous activities in community organization are sponsored by political parties. They seek to evoke enthusiastic support, often from very diverse groups, by articulating and promoting platforms and philosophies sufficiently comprehensive to encompass many subordinate differences. Community organization is likewise practiced by numerous other groups in such fields as business, labor, religion, art, government, education, and the like. However, these groups seldom think of or speak of any of their activities as community organization.

One of the unique attributes of the field of social welfare is its preoccupation with community organization as a professional process. Here more than in any other field, not even excluding education, emphasis has increasingly been placed, not upon the attainment of immediate objectives, but upon 'methods of strengthening the intergroup process.

The framework within which the community organization process in social work operates, namely, the institutional structure commonly called "the field of social welfare," is difficult to define rigidly partly because it overlaps other fields at certain points and partly because it is constantly changing in any dynamic society. Nevertheless it is reasonably

¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

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identifiable. The focal concern in the field of social welfare is the human being, not only as an individual but also in his relationships to groups and to his total environment. Social work is the professional process used in the field of social welfare. Its purpose is educational, not in the conventional sense, but in a specialized sense. It seeks to make the individual aware of resources, both in himself and in his environment; and it tries to help him draw forth from within himself the attitudes and the powers he needs, not only to avoid or to escape from poverty, delinquency, or illness, but also to develop satisfying and constructive relationships in life.

Within the area of social work practice, three specialized approaches have been developed: social case work, social group work, and community organization. Social case work deals primarily with the individual. Social group work aims to build effective groups and to provide them with experience in cooperative activity. Community organization is likewise primarily concerned with groups; it seeks to assist groups in articulating social welfare objectives and in enlisting the interest and support of other groups in behalf either of these objectives or of some mutually acceptable modification of them. *See SOCIAL CASE WORK and SOCIAL GROUP WORK.*

Environmental Sanctions

Community organization differs sharply from certain other professional activities in the extent to which it is conditioned by the environment from which it derives its sanctions. In spite of recent spectacular developments in psychotherapy, the science of medicine still relies in the main upon the laws governing inert matter-laws of physics and of chemistry. Hence the practice of medicine is much the same in all civilized societies. But community organization deals primarily with changing human reactions, few if any of which exhibit enough uniformity of behavior to be reducible to laws. Human reactions are markedly affected by the dominant ideals in the community and by the forms of sovereignty created to make those ideals attainable. In a dictatorship a social welfare measure may be instituted

overnight by fiat. Yet even dictatorships are responsive in some degree to popular opinion. Community organization in an authoritarian setting may relate to hidden resistance movements or it may be concerned to convey anonymous mass sentiment to the central authority. Obviously in such a framework the methods used and the process itself are quite different from comparable phenomena in settings where democratic practices prevail.

The immediate objectives of a given society likewise condition both the community organization process and the structures through which it operates. Throughout most of the world, human welfare is believed to be best promoted *indirectly* through reliance upon the profit motive, a high degree of individual liberty and initiative, appeals to altruism and the teachings of religion, and the enlightenment resulting from universal education. These are the dominant ideals in those societies where community organization has been most thoroughly analyzed and most assiduously cultivated as a process in social work. But it should be recognized that other societies seek to promote human welfare *directly* by making it the primary goal of the sovereign state. In such societies community organization is carried on almost exclusively as a function of government; the power of the state is relied upon to shape production and distribution in accordance with advance evaluations of needs. Hence such motives as profit seeking and such values as altruism are not highly esteemed as means of promoting social welfare, but are to a large extent rejected or ignored.

Thus it is clear that both the substance and the structure of community organization are extensively modified by the nature of the society in which the process operates. No one is in a position to determine whether the direct or the indirect promotion of human welfare results in the more lasting and the more important gains; divergent values are involved, and each man's judgment is made in terms of the values he considers pre-eminent. In this article, community organization is discussed from the point of view of a society which seeks to raise the level of human welfare by the methods long familiar in the western democracies.

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Groups and the Community

The first step in community organization may be the creation of a group. This involves the identification of a problem in which various types of individuals or groups may be presumed to be interested. These individuals are then drawn together into a committee or a more formal kind of body to undertake to study and solve the problem. The United Service Organizations, Inc., provides an illustration of this kind of approach. The need for facilities for relaxation and recreation in the so-called "leave areas" adjacent to large Army and Navy installations was recognized in 1940-1941 as a new problem. A half-dozen national agencies with experience in handling the kinds of services required in the leave areas united into a single group for the specific purpose of attacking this problem.

More frequently, however, a group already exists that is held together by some common interest. In the field of social welfare, this group is usually a social agency. From the standpoint of the social worker, the groups through which community organization is effected may be designated as primary and secondary. The primary groups are those that are organically related to the agency in which the social worker is employed. They include the governing board, the various standing and special purpose committees, the staff, and also, in some organizations, a corps of volunteers. The secondary groups are those not organically related to the agency. These include such organizations as patriotic or civic societies, churches, women's clubs, and the like. Sometimes the agency's relationships with these secondary groups are close and continuous. For example, an agency with a program of prevention of blindness succeeded in interesting a women's club in instituting and financing an experimental class in sight saving. As a result the agency was in continuous contact with this secondary group over a period of several years. But in general the primary groups are the spearhead of an agency's program of community organization.

Some social philosophers have defined the concept "community" in terms of attitudes, beliefs, and loyalties. Thus all those deeply

attached to a church, a labor union, or some similar interest group would, from this point of view, constitute a community even though the individual members were widely scattered and occupied no common geographical area. The community organization activities of social agencies, however, always relate to a reasonably definable geographical area. This is true even in the case of sectarian organizations, the members of which may be more easily identified in terms of a common religious tradition than in terms of a definite neighborhood or area. Moreover, the overwhelming majority of all social work programs, governmental and voluntary, sectarian and nonsectarian, are carried on in communities that are politically defined, such as a ward, a township, a city, a county, a state, or even an entire nation. As Arlien Johnson has pointed out, the meaning of community is unimportant except for working purposes since "it can be defined and redefined as new projects are undertaken."¹ Moreover the objectives of an agency very often determine the area it will try to organize. Thus a settlement house concerned to improve garbage collection would seek to activate the residents of its ward, whereas an agency concerned to improve facilities for care of the insane would necessarily be obliged to promote interrelationships among groups throughout an entire state.

The social worker's effectiveness in community organization is largely dependent upon the degree to which he understands the primary groups with which he is associated and the community toward which the efforts of the agency are directed.

In the case of such primary groups as the governing board or the case committee, for example, the equipment of the group determines its starting point. This equipment may range all the way from a vague desire to be identified with civic improvement on up the scale to a highly developed sense of responsibility, skill and self-discipline in the group process, and an impressive body of knowledge concerning welfare needs and social work methods and resources. Regardless of where

¹ See Johnson, Arlien, "Community Organization in Social Work," in *Social Work Year Book* 1945.

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any group may stand now, its future growth must be built upon what it already knows and feels. Improvements in its methods must also be in the nature of extensions or developments of practices with which it is already familiar. Hence the social worker needs to know the talents and interests of these groups, and he needs also to evaluate their capacity to react to various types of experiences that can be channeled to them out of the agency's daily work. On the negative side he must recognize those areas in which prejudice or tradition will block progress until present attitudes have been modified.

Knowledge of the community is also an essential part of the equipment of the social worker who aspires to contribute to community organization. This knowledge should be systematically collected and recorded. Periodically the assembled facts should be carefully studied in order to abstract from them (a) an index of the unmet needs in the community, (b) clues to problems in need of further study, and (c) guides to assist the primary groups in establishing priorities and in uniting upon a limited set of objectives. The facts collected should include a wide range of objective data¹ relating to population, agriculture, industry, labor, governmental services, housing, crime, recreation, public welfare, and the like. Material should also be assembled relating to factors that are less measurable but equally important, such as the quality of administration of various services; mores, traditions, and habits influential in the community as a whole or among certain groups in the community; and leadership, actual or potential, that may be identified anywhere in the area studied. Sometimes the history of the community reveals the origin of some of these intangible factors and provides clues to sources of leadership.

Equipped with an understanding of his primary groups and of the community they seek to serve, the social worker relies upon two kinds of professional skills to relate these two bodies of knowledge to one another: (a) he acts as a catalytic agent in helping his primary groups to achieve unity of purpose, clarity in

the defining of specific objectives, and effectiveness in influencing other groups; and (b) he implements the activities of these groups by assuming responsibility for such technical services as research, administration, and public relations. See ADMINISTRATION OF SOCIAL AGENCIES, PUBLIC RELATIONS AND EDUCATION IN SOCIAL WORK, and RESEARCH AND STATISTICS IN SOCIAL WORK.

The first of these skills is very imperfectly understood. It has been developed by the trial-and-error method and has not been reduced to sets of definite procedures. Gradually some progress is being made in identifying the elements of this skill and in reducing these elements to forms that can be transmitted from one practitioner to another. Among the advances that have been made in this area are the following: (a) clarification of the respective roles played by the social worker and by the groups he is seeking to assist or to activate; (b) understanding of the degree of detachment required to build relationships with various groups, some of which, although they share an interest in welfare problems, may be at wide variance in other areas; (c) recognition of the kinds of experiences that are most likely to evoke responses in light of the attitudes dominant in a given group; and (d) guidance of group development so that the timing of successive steps is related to external events which may serve to enhance the unity and purposiveness of the group. But, just as in the medical field individual differences in dexterity result in marked variations in surgical results, so will the individual attributes of practitioners always be a major determinant in community organization, even when further experience has greatly enlarged our grasp of the methods.

The groups with which the social worker is identified are normally composed of individuals who are preoccupied with many other responsibilities. Few, if any, of them have had occasion to master the supporting skills needed in the successful operation of a social agency. Hence these skills must be supplied by the social worker. Chief among them are research, administration, and public relations, all of which must be effectively developed if the aspirations of the primary groups are to be trans-

¹ See Colcord, *infra*.

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lated into meaningful experience and significant results. The study and experimentation that have been devoted to these skills have borne results. The leading agencies, governmental and voluntary, appreciate their importance and apply them with increasing discrimination.

The Role of Social Agencies

As was pointed out earlier, the social agency is the spearhead of the community organization process in social work. All agencies inevitably engage in community organization to some extent, whether they do so consciously or not. The agencies that do significant work in community organization fall into three major groups.

First, there are the agencies which devote their major effort to community organization, but in a definitely limited segment of the field of social welfare. If such agencies give direct service to clients, this service occupies a role of secondary importance in the program and is usually a means to an end rather than an end in itself. Among the organizations in this category are the agencies for prevention of blindness, for improvement of race relations, for abolition of child labor, for combating tuberculosis, and so forth.

A second group of agencies likewise places primary emphasis upon community organization, but these agencies do not limit themselves to one kind of problem. As a rule they try to encompass all areas of social welfare. They seldom give direct service to clients. Among the agencies in this group are the councils of social agencies, sectarian welfare federations, community chests, neighborhood councils, and so forth. *See COMMUNITY CHESTS AND COUNCILS IN SOCIAL WORK.*

The third group of agencies gives direct service to clients; they engage in community organization as a secondary activity. This is the largest of the three categories. It includes the great majority of functional social agencies, both governmental and voluntary. Of course many of these agencies are so engrossed in a program of service that they give very little attention to community organization. Others are apparently not aware of their opportunities

and responsibilities in this area. But this unawareness is rapidly disappearing. It has gradually become clear to the leading governmental agencies that the security of their clients requires that the public social services rest upon a broad foundation of citizen understanding and support. The voluntary agencies are increasingly convinced that their important contribution is not in the volume of service given but in the improvement of methods of treatment and in community organization.

One of the most persistent threads running through the community organization movement is the belief that the process should originate "at the grass roots" in small geographical neighborhoods. A great many efforts have been made to translate this belief into practice, the best known of which was the Cincinnati Block Unit Plan, launched after World War I. Not a single one of these efforts has succeeded, however, except temporarily, or for very limited purposes, or in time of war. It begins to appear either that this approach is based on wishful thinking or that interest in social welfare is not the key to neighborhood solidarity. Certainly the idea that all the residents of a small area might come to know one another intimately and might learn to work together in the common welfare appeals to the American tradition of democracy. But in practice small local areas are often not unified and may, in addition, be lacking in leadership and in group discipline.

To overcome these handicaps, some attempts have been made to organize larger areas, including several blocks. This approach provides an increased range of talent, but it also diminishes the base of participation; in some of these ventures, less than 10 per cent of the residents of the area were actually drawn into the movement. Present thinking tends to emphasize the futility of trying to organize neighborhoods for the express purpose of getting them to identify local problems and to cooperate in their solution. The wartime experience of the Office of Civilian Defense suggests that the procedure must be reversed. If common problems and common needs are clearly understood and are recognized as vital in importance, the formality of effecting an organi-

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ization ensues with comparatively little difficulty. But to state this principle is one thing; to implement it is quite another. No one has yet discovered how to dramatize the common needs of small areas in such a way that the inhabitants will be filled with zeal to organize for an attack upon them.

Social Planning

Social planning is at present the dominant activity among groups concerned with community organization. Wherever social planning has been carried on at a competent level, many benefits have ensued. But in general the base of participation has been too narrow. Moreover, the goals sought have been too modest in light of the known needs in most communities. A major cause of these shortcomings is the wholly unofficial character of these undertakings.

The United States suffers from no dearth of official planning agencies; but most of these are concerned with problems of physical layout, such as highways, or with economic questions, such as reforestation. It is time for some of these official planning agencies to experiment with a coordinate division to explore the area of social welfare needs. The creation of the Economic and Social Council of the United Nations established a pattern at the international level that might well be emulated elsewhere—particularly at the municipal level. At present few, if any, city planning commissions give any thought to human needs except indirectly; and even this indirect consideration utilizes a mass approach in connection with such questions as the zoning of industries and the locating of parks. *See HOUSING AND CITY PLANNING.*

Education for Community Organization

Education for community organization is in the infancy of its development. *See EDUCATION FOR SOCIAL WORK.* Only a few of the schools of social work offer field work courses in community organization. Some of the schools have found that local agencies cannot subdivide responsibilities in such a way as to give students a genuine educational experience in the community organization process.

Instead of carrying responsibility under supervision, the student may be given only an opportunity to observe. Observation has values, but it is not a satisfactory substitute for direct experience. In-service training in community organization is likewise much less well developed than in-service training in case work or in group work. Since successful practice of community organization requires a grasp of *method*, the educational preparation will be inadequate until it includes direct experience with the method. For some time to come much of this experience will necessarily have to be provided through in-service training in the agencies.

Analysis of the education needed by those planning to practice community organization suggests that a reasonably clear division of content can be achieved between classroom courses on the one hand and either field work courses or in-service training on the other. The student may reasonably be expected to acquire in the classroom (a) a knowledge of the various fields of social welfare, (b) a grasp of the standards of good social work practice, (c) familiarity with the historical development of the social services, (d) understanding of the theories of human behavior, and (e) comprehension of the political, economic, and social forces underlying contemporary society. This would leave to the field work or in-service training the responsibility for developing the following less tangible aspects of method: (a) ability to evaluate the interests and capacities of groups, (b) alertness in recognizing and utilizing materials that will evoke group interest and participation, and (c) skill in promoting group thinking and in helping groups to articulate their objectives and to advance purposefully toward the attainment of them.

A promising development of recent years will undoubtedly bring into closer association those practicing community organization and those teaching it. In 1938, under the auspices of the Community Organization section of the National Conference of Social Work, committees in a half-dozen cities studied the scope and the methods of community organization. The thinking of these committees was collated and set forth in a useful report. In spite

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of the defense emergency and the ensuing war, continuing contact was maintained among some of those who shared in this experiment. As a result, in 1946, at a meeting in Buffalo, a permanent organization was agreed upon, to be known as the Association for the Study of Community Organization. The founders include many of the most active and most articulate practitioners and teachers of community organization. The activity this new group plans to initiate is expected to clarify some of the aspects of community organization that have long been in need of further study and critical analysis.

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WAYNE McMILLEN

CONFERENCES OF SOCIAL WORK.¹

Conferences are a characteristic phenomenon of social work, as of many other areas of American life. The term "conference," as used in this article, refers to a gathering which usually is public or semipublic in character, includes a considerable number of people, involves a series of related meetings, and often extends over several days. The term is used also to describe an organization whose primary function is to plan and carry out such a gathering, annually or otherwise.

Conferences in social work serve as opportunities for social workers and laymen interested in social welfare to share experiences; consider and discuss current problems; report accomplishments and undertakings; submit the results of studies and research; raise questions and offer ideas, suggestions, and recommendations; and sometimes to formulate platforms, endorse specific proposals, and engage in more or less vigorous social action.

Conferences may be general or special in subject matter; national, regional, state, or local in territorial scope; and brief or extended in duration: all depending on their nature and purpose.

National Conference of Social Work

The National Conference of Social Work may properly be regarded as one of the most

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

¹ For addresses of periodicals listed, see Appendix A.

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important forces in American social work. Its history goes back to the beginnings of modern social service; it is undoubtedly the greatest single unifying force among social workers and interested laymen; and its annual meetings, in the aggregate, have an educational effect that cannot be measured, and exert a potent influence upon social welfare programs, standards, and developments. The Conference at any given time is an embodiment of the traditions and the spiritual, scientific, and professional heritage of social work; and its annual *Proceedings*, published continuously from 1874 to date, are by far the best available stream-picture of three-quarters of a century of social work thought and experience in the United States.

The National Conference of Charities and Correction (as the National Conference of Social Work was first called) was organized in 1873¹ at a meeting of the American Social Science Association. The earliest meetings were primarily meetings of representatives of state agencies in the field of "charities and correction," or "public welfare" as it would be called today; but soon the Conference began to expand its representation to include the charity organization movement, the settlement movement, and other forms of social and health services. The Conference has met independently since its third year. It adopted its present name in 1917.

The Conference has met annually in various cities, through periods of war and depression as well as during times of peace and prosperity. Due to wartime restrictions it was impossible to hold the usual type of annual meeting in 1943 and in 1945. In 1943, three regional meetings were scheduled. Two of these were held but the third was canceled at the request of the Office of Defense Transportation. In 1945, no conventions of any size could be held; and an entirely different kind of annual meeting was therefore arranged. A volume of the *Proceedings* was compiled by requesting people to prepare manuscripts as if there were to be an annual meeting. Copies of these papers were made available to local

communities wishing to schedule "one-day meetings of the National Conference of Social Work." Most of the localities which arranged meetings according to this plan used the manuscripts provided by the Conference — either having them read in full or utilizing them as a basis for discussion. Some of the larger cities arranged their own programs with less reference to the Conference's choice of topics and the availability of manuscripts. There were 139 meetings scheduled in 41 states, the District of Columbia, and Canada.¹ As some towns combined to hold joint meetings, 160 communities were represented. Forty-six of the meetings were arranged as joint meetings of the National Conference of Social Work and a state conference. More than 20,000 persons, with an unusually large proportion of board members and lay leaders, attended these meetings.

For the past several years, the attendance at the annual meetings of the Conference has fluctuated between 3,000 and 7,600, with a year-round membership of about 6,500. The regular annual meeting was resumed in May, 1946, at Buffalo. Despite a shortage of housing facilities and an impending railroad strike, the registration was 4,513.

The National Conference limits its function to that of a forum for discussion. Its constitution states, "The National Conference of Social Work exists to facilitate discussion of the problems and methods of practical human improvement, to increase the efficiency of agencies and institutions devoted to this cause and to disseminate information. It does not formulate platforms."

There were 206 sessions scheduled in the program of the 1946 meeting of the Conference, which began on Sunday evening, May 18, and closed the following Saturday noon. Of these, five were evening sessions on subjects of general interest, addressed by outstanding speakers from social work and allied fields in the United States, Canada, and Great Britain. Four special programs were arranged on subjects of particular interest, namely The

¹ The first meeting of the Conference was held in New York City in 1874.

¹ For a complete list of meetings see the *Proceedings of the National Conference of Social Work*, 1945, Appendix A.

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Alcoholic, The Adult Delinquent, Medical Care, and The Veteran. The rest of the meetings, with the exception of the annual business session of the Conference, were arranged by the Conference sections and the associate and special groups and were more specialized in content.

In the past few years there has been a growing tendency so to arrange the schedule of meetings as to make the attendance at any session small enough to allow for discussion and questions from the floor. At the 1946 meeting of the Conference about 500 different people participated in the program as speakers, discussants, discussion leaders, and presiding officers.

Since 1934 and prior to 1946 the Conference was organized for purposes of program planning into the following five sections which continued from year to year: Social Case Work, Social Group Work, Community Organization, Social Action, and Public Welfare Administration. During these years it was found that certain subject matter which needed treatment on the program was not readily included in any of these sections. Likewise, with the growing attendance many meetings were becoming too large to permit free discussion of the topics presented. Also, with all committee work done on a volunteer basis, the planning of the programs of the five sections was becoming too time-consuming. As a result of these considerations the program-planning machinery was revised for the 1946 meeting and now comprises, in addition to the general sessions and special meetings mentioned above, 12 sections as follows:

- I. Social Case Work
- II. Child Care
- III. Delinquency
- IV. The Aged
- V. Social Group Work
- VI. Community Organization and Planning
- VII. Public Welfare
- VIII. Health
- IX. Mental Health
- X. Industrial and Economic Problems
- XI. Methods of Social Action
- XII. Administration

At most of the meetings of the Conference, formal papers or addresses are given. Where the size of the audience or the nature of the subject warrants it, papers are followed by prepared discussion or questions from the floor. Frequently, meetings on very specialized subjects are arranged as small discussion meetings with no formal papers other than a short statement by the chairman as a basis for discussion. The devices of the panel and the symposium are also used.

All of the section meetings are held during the mornings. The afternoons are devoted to the meetings of the associate and special groups. By regulation of the Executive Committee of the National Conference, "An Associate Group is an incorporated or permanently organized agency in a special field or in the general field of social work which is not local, state or purely regional in its scope and which conducts a year-round program, wishes to meet with the Conference for purposes of conference and discussion . . ."; "A Special Group is one that is temporary in nature or uses the Conference only as a convenient time and place for meeting for purposes of conference and discussion. . . ." For purposes of program planning, there is no difference between an associate group and a special group. In 1946, 45 groups scheduled meetings at the time of the Conference. Sixty-five national organizations had consultation or exhibit booths for the purpose of meeting with their constituents from over the country, discussing problems with attendants at the Conference, and explaining the work of their particular organization. Thirty of these organizations held meetings as associate or special groups; 7 were publishers of social work literature; and the other 28 maintained consultation service.

The *Proceedings* of the National Conference are published annually. Each volume includes papers carefully selected by the Editorial Committee from all those presented at general sessions, section meetings, and special meetings. Associate and special group papers are not included in the *Proceedings*. The Conference also publishes a quarterly bulletin as a house organ for its members. One issue of

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this is devoted primarily to the membership list, which is widely used.

The governing board of the Conference is its Executive Committee. There are four other standing committees: Nominations, Program, Time and Place, and Resolutions. As the Conference is a forum, only courtesy resolutions are considered. The Conference has an established policy of rotation of meetings to different areas of the country. It is financed almost entirely by membership and attendance fees. Membership fees range from \$3.00 to \$100 a year, varying with the type of membership. Both individuals—lay and professional—and organizations are included in the membership. The annual budget is about \$50,000, exclusive of the operation of the annual meeting.

The National Conference recently established a committee on cooperation with the state conferences of social work. This committee is studying ways and means in which the two groups may be of increasing help to each other.

The National Conference serves as the National Committee in the United States of the International Conference on Social Work.

International Conference on Social Work

The founding of the International Conference on Social Work was due largely to the demonstration of the contribution of the National Conference of Social Work to the progress of public and private welfare in North America. The first meeting of the International Conference was held in Paris in 1928 and was financed largely by contributions from foundations in the United States. The second conference, on the general theme of Social Work and the Family, was held at Frankfurt on the Main, Germany, in 1932, with the continued support of the foundations. The third and most recent conference was held in London in 1936. About 1,400 people representing 30 different countries registered. The theme of the London meeting was Social Work and the Community. The program organization consisted of five general sessions, four special sessions, and five commissions as follows: Health, Education and Recreation,

Material Welfare, Social Adjustment, and Unemployment.

In many of the countries, preliminary studies were carried on for several years before the London meeting. A handbook was issued by the Executive Board to assist in these studies. Just prior to the meeting an International Summer School, with about 200 students, was held on the topic, Social Work in Great Britain.

According to its constitution, "The International Conference on Social Work is non-Governmental, non-political and non-sectarian. It does not formulate resolutions relating to the objects discussed. No member can be bound in any way by the Conference." The International Conference is governed by a Permanent Committee. It elects from its own members an Executive Board of 15 to 20 members who in turn appoint the officers of the Conference. The Executive Board has charge of the Conference between meetings of the Permanent Committee. At the time of the London meeting, six of the members of the Permanent Committee were from the United States. One of the vice-presidents and one of the members of the Executive Board were also from the United States.

During the late summer of 1946 a special meeting was held in Brussels for the purpose or reorganizing the International Conference, following the interruption of the war, and for planning its next meeting which, it is expected, will be held in 1948 in the United States. See INTERNATIONAL SOCIAL WORK.

Specialized and Regional Conferences

There are a great variety of specialized conferences, organized on functional, racial, or religious lines. As has been noted, some of these meet at the time and place of the National Conference of Social Work, or they may meet just before the National Conference and perhaps overlap its programs by a day or two. Other conferences meet entirely separately.

One of these is the National Conference of Catholic Charities, which was organized in 1910, and which serves as a national service agency for Catholic social work. The activi-

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ties of the Conference include not only the annual meeting, but institutes, studies, research, publication of literature, field visits, and representation on national committees. The Conference publishes monthly the *Catholic Charities Review*, as well as its annual *Proceedings*. See CATHOLIC SOCIAL WORK.

The National Conference of Jewish Social Welfare was established in 1899. Its function is not only to provide an opportunity for discussion of matters relating to Jewish welfare but also "to formulate principles and programs for the enrichment of Jewish life and of social and economic welfare." The Conference publishes the *Jewish Social Service Quarterly* and its annual *Proceedings*. See JEWISH SOCIAL WORK.

Illustrative of other national conferences which are of significance to social work are the annual Congress of Correction (of national organizations concerned with adult offenders), and the meetings of the American Public Health Association and the National Recreation Congress (held annually under the auspices of the National Recreation Association).

In some cases a conference is less a series of program meetings than a gathering of a membership, delegate, or constituency group, to determine broad questions of program and policy. This is true, for example, of the Triennial Convention of the Young Women's Christian Associations, which is the authoritative body representing the YWCA's of the United States; and the annual Delegate Conference of the American Association of Social Workers, which since 1934 has been the most important professional gathering in connection with the program of the organization.

In many cases regional conferences are held by national agencies such as the American Public Welfare Association, Child Welfare League of America, Council of Jewish Federations and Welfare Funds, and the Family Service Association of America (formerly the Family Welfare Association of America). In some instances, as in the field of community chests and councils of social agencies, regional conferences have been spontaneously organized and function in cooperation with the national agency but without any direct adminis-

trative responsibility to it. Community Chests and Councils, Inc., sponsors two general regional summer institutes for social work executives: the Great Lakes Institute, held in Wisconsin, and the Blue Ridge Institute, held in North Carolina. The New England Association of Community Chests and Councils sponsors the Pinewoods Institute, held in Massachusetts.

City conferences of social work have been held, either regularly or occasionally, in various cities, at various periods. Examples of such city "conferences of charities" are mentioned in the National Conference *Proceedings* as early as 1890. The number of such conferences which exist today is not known. One example of such a conference is the All-Philadelphia Conference of Social Work, which has met annually since 1923 and which has performed not only an important educational function but has served also as a city-wide unifying force in social work. The Conference was first organized as an independent body but it now operates under the sponsorship of the local council of social agencies.

State Conferences of Social Work

Because of the changing emphases in purpose and function in what has been known as a state conference of social work, the above title is not completely descriptive. More than half of the organizations which several years ago would have been known as a "state conference of social work" now have the word "welfare" in their names in place of "work," or have omitted both "conference" and "work," as in the case of the Iowa Welfare Association.

The statistics included in the following paragraphs are based on replies received from 41 state conferences¹ to a questionnaire which was sent to the 46 state conferences² in May, 1946.

The first conference was organized in Wisconsin in 1881. By 1900 there were conferences in Colorado, Illinois, Indiana, Iowa, Kansas, Minnesota, Nebraska, New Hampshire, New

¹ Delaware, Kentucky, Maryland, Virginia, and West Virginia are not included.

² Montana and New Mexico do not have state conferences.

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Jersey, New York, Ohio, and Wisconsin. Of the 41 state conferences answering the questionnaire, 12 were organized before 1900; 20 between 1900 and 1920; 8 between 1920 and 1940; and 1 (Nevada) in 1944.

In the early days, state conferences were operated entirely by volunteer help. As the years have passed and as the incomes of the state conferences have increased, paid executives have been employed by many of them. There are now 16 conferences with full-time executive secretaries: California, Connecticut, Georgia, Illinois, Indiana, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, New York, Pennsylvania, South Carolina, Texas, and Wisconsin. All but one of these report having additional secretarial staff. One (Michigan) reports an associate director and another (Texas) reports two additional professional staff members. The budgets of these 16 conferences range from a low of \$6,000 to a high of \$40,000, most of them being from \$10,000 to \$15,000. Nine other conferences have part-time paid executives: Colorado, Idaho, Iowa, Kansas, Louisiana, Ohio, Rhode Island, Utah, and Washington. The other 16 conferences are operated entirely by volunteers, either as secretaries or as program chairmen.

Most of the state conferences secure their financial support from the payment of membership fees. Some have secured special financial support in order to develop their programs which they hope will in turn increase their membership support. Approximately half of the conferences report a paid membership of 700 or less. Six conferences report a paid membership of 1,800 or more, namely California, Illinois, Louisiana, New York, Ohio, and Pennsylvania, with Illinois leading the list with 3,855 paid members.

During normal times the primary function of most of the state conferences is the holding of the annual meeting. This lasts usually two or three days and in a few cases four days. In 1945, where the size of the attendance at the annual meeting made any state conference subject to the ruling of the Office of Defense Transportation, regional meetings were scheduled instead of a single meeting. Recent at-

tendance at the annual meetings of the state conferences varies from a low of 50, at the meeting of the newly organized conference in Nevada, to a high of 3,500 in New York.

At one time most of the state conferences were organized as forums, but within the past ten years more and more of the conferences have added some form of social action to their function. At the present time only 8 of the 41 conferences reporting are purely forums. These are Connecticut, Florida, Indiana, Massachusetts, New Hampshire, New York, Ohio, and Pennsylvania. The rest of the conferences either endorse, initiate, or promote legislation. Fifteen of the conferences participate in all three activities. Many of those that are active in the field of social legislation report rather complete organization of standing research committees whose primary purpose is to compile material for the use of their legislative committees or as a report to the conference as a whole for action. Indiana, Minnesota, and Nebraska each issue a special publication on legislative news, while other conferences carry the same kind of material in the regular issues of their bulletins. *See SOCIAL ACTION.*

This change in function of the state conferences has probably been influenced by the great development of public welfare programs since 1929, a development which has called attention to the need for some statewide voluntary agency to be concerned with programs and standards, particularly in the field of the public social services. The State Charities Aid Association, in New York, and the Public Charities Association of Pennsylvania serve this purpose. Where no such organization exists within the state, the state conference has often regarded itself as the logical agency to be concerned with legislation in the welfare field.

Early in the 1920's the Ohio Conference developed "study courses" or institutes, as they are now more commonly known, which gave brief refresher courses in the various fields and interests of social work. Their value was so great that the idea spread rapidly to other conferences. In 1946, 21 conferences scheduled institutes either just prior to or during the period of the annual meeting. Two con-

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ferences, Michigan and New Hampshire, conduct institutes during the summer instead of at the time of their annual meetings. Usually, when institutes are held in connection with the annual meeting, the attendance at each is limited to 30 or 40 persons in order to allow for full and free discussion. In some cases, however, where topics can be handled better by a lecture than by discussion, the number attending may be as high as 150. About half of the conferences devote from six to ten hours to each institute, with the others giving less time to them. An attempt is made by most conferences to select institute attendants who are comparable in professional education and experience. Care is also taken in the selection of leaders, who need to have not only knowledge of the subject but also teaching ability. With these objectives met, the institutes are considered one of the most valuable services of the conference.

A more recent development in state conferences has been the organization of regional meetings. An almost entirely new group — namely, persons who do not attend the annual meeting — are thus served. This development has increased the interest in and support of the purposes of the state conference. The regional meetings usually last one day. Twenty of the conferences report that they hold regional meetings as a part of their regular program. Most of the conferences hold two to six regional meetings, but seven conferences have a larger schedule: Illinois, 33; Indiana, 9; Iowa, 16; Louisiana, 17; Massachusetts, 10; New York, 15; and Texas, 10. The attendance at a regional meeting is usually from 100 to 150.

Eight of the state conferences¹ report the organization of local chapters, which serve to keep the membership in touch with the progress of the work of the conference. One state reports that its chapters meet four times a year, while four report monthly meetings. The state having the largest number of chapters is Texas, with 16.

Nineteen conferences publish a bulletin — most of them quarterly. The size of the bulletin

varies from four to six pages to the more elaborate one of the California conference, which runs from 32 to 64 pages. Georgia and Wisconsin publish 10 issues of their bulletins a year; New Jersey and Vermont publish monthly; and Nebraska and Pennsylvania, bimonthly. Many of the conferences use an issue or parts of several issues for partial distribution of addresses delivered at the annual meeting. Six conferences that do not publish bulletins distribute news-letters to their membership.

In addition, many of the conferences individually engage in a variety of activities which are not common to most of the conferences. For the past twelve years, the California conference has had a Department of Registration and Certification which has conducted annual examinations for the voluntary registration and certification of qualified social workers. In 1945 the conference succeeded in getting the state legislature to set up a State Board of Social Work Examiners for official licensure based on this experience; and the executive secretary of the conference was loaned to the State Board to set up the new state system.

Many of the conferences have research and study committees. New Jersey has probably developed this type of committee more than any other conference. Missouri has published a rural resources directory. Maine and South Carolina are operating speakers' bureaus. Texas provides a service for coordinating the activities of various organizations and agencies concerned with social welfare. For example, the Texas conference recently assisted in organizing a State Committee for Children which will coordinate the efforts of some 35 or 40 organizations such as the American Legion, Parent-Teacher Association, Federation of Women's Clubs, Child Welfare Division of the Department of Public Welfare, and so forth. Georgia, Texas, and Wisconsin have developed "loan libraries" which consist of collections of pamphlets, articles, and so forth, about current health and welfare needs.

One of the new developments in state conferences is the provision of a counseling service. This is now reported as being available in

¹ Indiana, Iowa, Louisiana, Missouri, Nebraska, Oklahoma, Texas, and Washington.

four states: Connecticut, Georgia, Michigan, and Texas. The amount of service that the conferences offer varies, partly due to the amount of professional staff available. Connecticut offers service to workers or individuals in small communities where no council of social agencies exists. This consists of putting the inquirer in touch with a conference member who is an authority in the particular field involved. The conference secretary is also made available to assist agencies in their relations with other organizations. Michigan gives consultation for community planning and federated financing for social services. The Texas conference has a field representative whose primary responsibility is to give consultation, particularly in the field of community organization. Where technical questions in other fields are involved he calls on other sources. The New Hampshire conference has met the need for counseling service by sponsoring a movement of interested citizens which brought about the establishment in 1945 of the New Hampshire Citizens Council for the General Welfare, with a paid executive.

The Association of State Conference Secretaries was organized in 1924. It is an informal organization devised to facilitate the exchange of ideas and materials between the state conferences of social work. The National Conference of Social Work furnishes executive secretarial service to the Association: bulletins are issued, printed materials are exchanged, regional conferences of the executive secretaries, presidents, and program chairmen are held during the year, and an annual meeting is held at the time and place of the National Conference of Social Work. A *Handbook for State Conference Secretaries* (*infra*), prepared by the executive secretary and assistant secretary of the National Conference of Social Work, was published in 1938.

White House Conferences on Child Welfare

Undoubtedly the most important historical series of special conferences relating to social welfare has been the four White House Conferences on Child Welfare, which have been

held at approximately ten-year intervals from 1909 to 1940. For a discussion of these, see White House Conferences in CHILD WELFARE.

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¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

Consumer Protection

CONSUMER PROTECTION.¹ Many governmental and voluntary agencies render varied services for the protection of consumers.

Anti-Inflation Programs

Some of the most important public issues in the early part of the reconversion period following the war had to do with the number of wartime controls that should be continued for a limited period for the purpose of aiding in the process of transition to peace. Among these questions, those concerned with the wartime anti-inflation program were central.

The tremendous purchasing of government agencies during the war had expanded the national income and increased by impressive proportions the amount of savings held by the people. These liquid savings were an important factor in creating a very large demand for the available supplies, even though production was high, compared with prewar levels. While relatively large, these savings were poorly distributed. The Federal Reserve Board reported in June, 1946, that the top 10 per cent of the nation's families held 60 per cent of the liquid assets, including bank deposits, or \$10,500 per family, while at the opposite end of the economic scale 40 per cent of the families came through the war period with only 1 per cent of the total liquid assets of the nation.

Meanwhile, the cost of living had gone up. By July, 1946, living costs for moderate-income city families had advanced to a point 40 per cent higher than in August, 1939. Compared with the experience of World War I, this was a favorable record, for six years after the outbreak of that earlier war, consumer prices had generally doubled. During each war, consumers experienced a deterioration in quality that could not be measured. It was evident at the close of the recent war that changes in the cost of living had affected families unevenly. For example, the home economics consultants of the Community Service Society of New York reported late in 1945 that low-income families in that city were

forced to pay from two to three times as much for certain items of clothing as they did in 1937. This was in large part the result of the absence of low-cost merchandise and of the practice of "upgrading" of garments by manufacturers and distributors.

The payment of subsidies has been an important part of the effort to control the cost of living. By the summer of 1945, total payments were reported to be at the rate of over \$2,000,000,000 annually. Subsidies were first paid to the owners of high-cost copper mines for the purpose of bringing these establishments into full production, while the price of copper to all consumers was kept steady. Then followed the extensive food subsidies paid to producers or distributors, which applied to flour and bread, dairy products, fruits, vegetables, and meats. In July, 1946, Congress voted to limit subsidies to \$1,000,000,000 and required that all food subsidies, except those on sugar, should terminate on April 1, 1947.

The powers of the Office of Price Administration (OPA) lapsed completely for a few weeks following June 30, 1946, after President Truman had vetoed an emasculated bill for its continuance. There were sharp rises of consumer prices in those weeks. In July the President reluctantly signed a compromise measure extending the life of OPA, with greatly restricted powers, until June 30, 1947. Administration of the law was complicated by the broad discretionary powers granted to a new "decontrol" board and those granted to the Secretary of Agriculture over the pricing of farm commodities. The OPA was granted general authority to fix ceiling prices on commodities, but important exceptions were made. A brief trial period was voted for livestock, milk, grain, cottonseed, soybeans, and their edible products; ceilings on these were to be restored only if the decontrol board decided, after hearings, that they should be. Poultry, eggs, petroleum, tobacco, and their products were to be exempt for an indefinite period, unless the decontrol board decided to "recontrol" them. The OPA was denied the power by which it earlier had ordered the production of low-cost clothing. It was required, in general, to take into account increases in

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

production costs since 1940, but was given discretion to ignore this formula when a producer was already making his average production costs plus a reasonable profit. For the OPA to maintain any ceiling on a farm product, it was necessary for the Secretary of Agriculture first to certify that the item was in short supply. Rent control and subsidies on a reduced scale were restored, but decontrol of many items was effected rapidly by Presidential order in the fall of 1946.

Rent control has been exercised through numerous local offices of the OPA. In 1946 over two-thirds of the population lived in the rent-control areas, and more than 80 per cent of the occupied dwellings were under rent ceilings. The regulations covered houses, apartments, flats, tenements, hotels, boarding and rooming houses, and auto and trailer camps. The supporting legislation, enacted in wartime, authorized the Price Administrator, after giving local governments an opportunity to control rental rates, to establish maximum rents in any area in which war production was in process. The standard prescribed was that rents should be generally fair and equitable. Classifications of buildings were made in the process of fixing rent ceilings. The economic stabilization laws gave persons subject to rent ceilings an opportunity to test the fairness and validity of the regulations.

For each rent-control area there was a "maximum rent date," and the rental paid for any quarters should be no more than it was on that date. Services available should normally be no less than they were then. An individual could learn the maximum rent date by inquiring at the nearest OPA area rent office. The usual limit on advance rent was one month, and it was not necessary to pay for a longer period in order to secure quarters. Landlords had the right to apply for increases in rents under certain circumstances, and under other circumstances tenants were entitled to reductions in rent, particularly if essential services were reduced or discontinued.

Landlords might not proceed to evict tenants from houses or apartments for any reason without notifying the OPA area rent office. If a landlord asked a tenant to move, the ten-

ant had the right to communicate with the office and learn whether he had to move, or how long he might remain before moving. The OPA did not, under any circumstances, issue eviction notices. A landlord could not evict a tenant for refusing to pay more than the maximum legal rent. In general, a landlord was required to give at least ten days' notice to move, and a local court must have ordered the eviction.

The anti-inflation program carried over into the reconversion period included also (a) relatively high taxation as a means of meeting the high costs of the federal government and of moderating the pressure of savings and incomes on the available supply of civilian goods, (b) continued campaigns to sell savings bonds to individuals so as to syphon off excess purchasing power in the hands of consumers and also to avoid piling up excess reserves in the banks, and (c) restrictions on charge accounts and instalment buying.

Nutrition Programs

The Food Distribution Programs Branch of the Production and Marketing Administration is responsible for developing a coordinated national nutrition program. The work of the Branch is a continuation of the nutrition functions of the Office of Defense Health and Welfare Services, transferred to the Department of Agriculture in 1943. The program is largely educational in nature. The activities are concerned primarily with getting information to homemakers with respect to the best methods whereby they can make the most of the available food supply. The Branch thus directs attention to such important and practical problems as (a) how the homemaker can feed the family properly with the foods available, (b) how she can adapt the available foods to the prevailing food preferences of the family, (c) how foods temporarily available in surplus can be included with meals, (d) how foods in short supply can be compensated for with other foods of equal value, and (e) how certain relatively new foods of exceptionally high nutritional value, such as vitamin-enriched flour and bread and the various products made from soybeans, can be used

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to increase the nutritional value of meals. The Branch furnishes leadership for the various programs which are carried out through the organized channels — federal, state, and local — of such agencies as the United States Public Health Service; the Extension Service, Farmers Home Administration, and various other units of the Department of Agriculture; the United States Office of Education; and the United States Children's Bureau. These agencies are represented on a federal interdepartmental Nutrition Planning Committee. Nutrition committees also exist in each of the states. The American Red Cross has been an active participant in this program.

The Food and Agriculture Organization of the United Nations began in 1946 to appraise the nutrition needs of various nations. Its basic approach was that of assuring a food supply adequate to sustain human beings in accordance with nutrition standards. See FOREIGN RELIEF AND REHABILITATION.

Despite war shortages, the available diet of the American people generally improved during the years 1940–1945, according to a report published in the *Journal of Home Economics* for June, 1946.¹ Per capita intake of nine important food factors was considerably higher in 1945 than in the years 1935–1939, and there was every indication that the improvements would be maintained in 1946.

A seven-year experiment to determine whether living standards, particularly with respect to food, clothing, and shelter could be raised through special emphasis on home economics in the public schools was reported upon in 1946.² Improved diet, an increase in home gardening, and better home conditions generally were noted. In the cooperating schools information was given with respect to nutrition, production and preparation of food, quality and use of textiles, and improvement of home management and construction. Use was made of text books, pamphlets, posters, and charts. It is expected that the results of the studies will be applied in teacher-train-

ing institutions throughout the United States.

By the terms of the National School Lunch Act of 1946, the federal government is committed to make grants to the states to assist them in providing lunches in schools. For some years, annual grants had been made to the states on a temporary basis, with about one school in seven receiving federal assistance and over 6,000,000 children being aided. The appropriation for the fiscal year beginning July 1, 1946, is \$75,000,000. Under the new law the federal government will match state funds dollar for dollar for the first three years, and will then contribute on a declining scale, until after ten years the states that wish to qualify for federal funds will be required to pay about \$3.00 of their own funds for every \$1.00 provided by the federal government. Both public and private nonprofit schools will continue to be eligible to receive federal funds. See SOCIAL AND HEALTH WORK IN THE SCHOOLS.

Bureau of Labor Statistics

For many years the Bureau of Labor Statistics in the Department of Labor has made periodic reports on trends in wholesale and retail prices, including those on food, coal, and clothing. It has published a consumer price index at intervals in the *Monthly Labor Review*. This contains information about changes in retail costs in 56 of the larger cities, including average retail prices of 78 foods in these cities. The Bureau has also reported from time to time on the extent of consumer organization, especially through co-operatives, and has collected information about self-help cooperatives.

Home Economics and Consumer Education

The Bureau of Human Nutrition and Home Economics of the Department of Agriculture focuses its efforts on providing scientific aid in helping homemakers meet their changing situation. Widespread programs of education in home economics have been carried on by the Extension Service of the Department, in cooperation with the state colleges of agriculture and the county governments. See RURAL SOCIAL PROGRAMS. More than 2,000,-

¹ Clark, Faith and McCay, Jeanette B. "Nutritive Value of the U.S. Food Supply," in *Journal of Home Economics*, June 1946.

² See Olson and Fletcher, *infra*.

ooo women and girls are now being reached through the program carried on by over 2,500 local extension agents who work in most of the 3,050 counties of the nation. Numerous local agents serve largely the farm population, but in a few instances suburban and even urban groups are served by educational programs affecting all aspects of homemaking.

The Division of Information of the Department of Agriculture issues syndicated releases to over 300 radio stations, entitled *Homemakers' Chats*, which include news of interest to all consumers. It furnishes material for the national weekly radio program, *Consumer Time*, and publishes the monthly periodical, *Consumers' Guide*.

The services of home economists have been of special value to social agencies throughout the country, where they have been used in the preparation of minimum adequate budget standards and in their periodic review, as well as in advising about the use of new or substitute foods.

Consumer education through the public high schools, largely in home economics, has been encouraged by federal grants-in-aid administered by the Office of Education since 1917. Considerable expansion was made possible by the George-Deen Act of 1936, which made grants for improvement of curriculum offerings in homemaking, agriculture, and the distributive vocations. With these grants, courses in consumer education are being given in numerous high schools, with an emphasis on practical projects. Courses in homemaking, for both young people and adults out of school, are also being developed. Adult courses are conducted in about 3,300 centers. The courses in the distributive trades are mainly for training and retraining the employees of retail stores.

Programs of consumer education are carried on by the Fish and Wildlife Service of the Department of Interior. It has specialized in the dissemination of information about the nutritive values of fish and the methods used to prepare fish for consumption. The Service is responsible for the administration of conservation laws and also encourages the setting aside of wildlife habitats and the rais-

ing of fish in farm ponds. Special efforts are made through the press and radio to transmit useful information to the public.

Grade Labeling

The Department of Agriculture has developed simple "A-B-C" grades for 40 commodities of fruits and vegetables that are processed by canning. The specifications of the grade for any one of these products will be sent to any citizen who asks for them. Inspectors of the Department have been placed in a few canning factories, in an experiment providing for "continuous inspection" as requested by the canners, who themselves pay the cost of this service. These inspectors are on duty all the time a plant is in operation. They require certain standards of sanitation. Only the canned fruits and vegetables packed in plants under continuous inspection may carry the prefix "U.S." in connection with the grade designation. Consumers can buy some grade-labeled canned goods, with or without the "U.S." prefix, in certain retail stores throughout the country.

Informative labeling by grades has become an important public issue. It has been favored by officers of 15 women's organizations, the consumers' cooperative movement, the National Consumer-Retailer Council, and by a few private manufacturers and distributors. Although manufacturers and distributors generally oppose grade labeling, the issue will not down and promises to receive considerable further public attention.

The present Food and Drug Administration in the Federal Security Agency has been, under different organizational titles, an agency of consumer protection since 1906. Its powers were considerably widened by the Food, Drug and Cosmetic Act of 1938. The original Pure Food and Drugs Act had prohibited false and misleading labeling. But experience proved that this prohibition was inadequate to protect the consumer from "economic adulteration," the process whereby less expensive ingredients are substituted or the proportion of more expensive ingredients diminished. By the Act of 1938, the Administrator of the Food and Drug Administration was authorized to

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promulgate definitions and standards under which the integrity of the products can be effectively maintained, and, under many circumstances, to require informative labeling.

Federal Trade Commission

The Federal Trade Commission has responsibility for carrying out a number of important functions for consumer protection. It exercises a limited control over claims made in advertising. If, after investigation, the Commission judges an advertiser's claim to be false and misleading, it may issue a complaint, following which a hearing is held by the Commission. If the charge is affirmed, the Commission issues an order to the defendant to "cease and desist," thus prohibiting further circulation of the claim. Appeal may be taken to the courts. The Commission may act on the complaint of a consumer; originally (before 1938) it might act only on the complaint of a competitor.

The Commission has charge of the labeling of wool and other products. It has made various investigations of the costs of distributing farm products, household furniture, paper board, steel, fertilizer, and other commodities. In a special report issued late in 1945, the Commission recommended repeal of the Miller-Tydings Act of 1937, an enabling law under which 45 states have passed laws permitting manufacturers to set the price at which retailers shall sell items to the consumer. The Commission has announced that it is overhauling a series of 150 codes of fair-practice rules which it has approved in the past. About half of these are no longer applicable to current conditions. The codes of fair practice are initiated by trades and industries and submitted to the Commission for approval.

Weights and Measures

Control of standards of weights and measures is specifically assigned by the Constitution to Congress, but that body has seldom exercised the power so granted except as it has acted sporadically with respect to specific products. The United States Bureau of Standards has set up specifications for government purchases and has thus exercised an indirect

influence on the standards of goods available to consumers. (Information about the tests made of various products by the Bureau of Standards is not made public.) State and local governments have, in the main, done most of the legislating in this field—which means, of course, that standards vary greatly. Although in a few cities there has been effective consumer vigilance, generally there has been indifference to this important area of consumer protection.

Consumer Credit

The regulation by the states of small loans has been an important device of consumer protection. In 1916 the Russell Sage Foundation drafted a uniform small loan bill, since amended six times. It applies to lenders of sums of \$300 or less, except banks, credit unions, and other institutions authorized by law. It requires lenders to be licensed, bonded, and supervised. It stipulates the maximum rate of interest. Criminal and civil penalties for infraction have been provided. Thirty-six states and the Territory of Hawaii have enacted laws closely resembling the model draft. The National Conference of State Small Loan Supervisors, organized in 1935, meets annually for the purpose of exchange of experience under this legislation.

Credit unions, which are cooperative banks, have been extensively organized for the purpose of receiving deposits from and making short-term loans to their members. The Bureau of Labor Statistics reported a total of 9,099 credit unions in operation in 1944, with 3,027,700 members and over \$212,305,000 of assets. Credit unions may operate under federal charter or, in all but a few states, under charter from state banking departments. The Federal Deposit Insurance Corporation is the federal agency that charters credit unions. Any group of eight or more persons who are associated with one another may form a federal credit union. Most credit unions charge interest at the rate of 1 per cent per month on the unpaid balance of loans. Weekly or monthly repayments are made on the principal.

Instalment buying is as yet relatively un-

regulated. It has an important place in the credit structure, and since the war has again become very extensive. Concealment of the actual rate of interest is an almost universal practice. Consumers are generally ignorant of the penalties that may be applied against them in case of slow payment or default. Indiana, New York, Utah, and Wisconsin have passed regulatory laws.

Life Insurance

Valuable services are rendered to social agencies by the Life Insurance Adjustment Bureau, which has operated since 1931 for the benefit of relief clients. The Bureau is managed by a social worker and is supported by the Metropolitan Life Insurance Company, Prudential Insurance Company of America, and John Hancock Mutual Life Insurance Company, the three companies which issue a large proportion of all "industrial" life insurance sold. Services are offered by the Bureau without charge to all voluntary and governmental social agencies in the United States in the adjustment of insurance issued by any of the three companies to clients of these agencies.

In Massachusetts and New York the savings banks are permitted to sell limited amounts of life insurance to residents and to persons working regularly in these states. Premiums may be paid monthly. There are no agents or commissions.

Consumer Organization

An extensive study of cooperative purchasing associations for the years 1929-1944 has been made by the United States Bureau of Labor Statistics.¹ In 1929 there were 1,114 retail distributive consumer cooperatives with 186,000 members; in 1944 there were 4,285 such cooperatives with 1,524,500 members. The number of local stores and buying clubs increased from 900 in 1929 to 2,810 in 1944, and cooperatives purchasing oil and gasoline increased from 198 in 1929 to 1,425 in 1944.

Although purchasing cooperatives do only between 1 and 2 per cent of the retail business of the country, during recent years they have

gone heavily into manufacture of their own supplies. They were reported in 1945 to own, in the year 1944, a total of 115 factories, mills, mines, and oil refineries. They are most numerous in rural communities. More than 1,000 of the 2,810 cooperative stores in existence in 1944 carried goods with simple informative grade labeling. There were 1,425 cooperatives handling oil and gasoline, 325 campus cooperatives, 40 burial associations, and 59 housing cooperatives.

The organization of consumers in their own interests presents peculiar difficulties. Although all people are consumers, cooperative organization is sometimes hindered by the fact that consumers are also very much aware of their interests as producers, as investors, as employers, or as employees. Farm people have joined the movement more readily than urban people. Cooperative organization in rural areas has been aided by the general farm organizations such as the Farm Bureau, the Grange, and the Farmers' Union. In New York State, the Consumer-Farmer Milk Cooperative enables producers and consumers to participate in one organization for the benefit of both.

Small numbers of urban consumers have participated in voluntary consumers' leagues which, beginning with a local group in New York City in 1891, have sought to direct their patronage to "white lists" of shops that pay fair wages and have fair working conditions. The National Consumers League became interested some years ago in the support of legislation for the improvement of labor standards.

Information about tests of products is available to consumers on subscription through Consumers' Research, Washington, N.J., and Consumers' Union, New York City.

The Consumer Education Association brings together teachers who give courses in consumer problems. Consumer education appears to be expanding in schools and colleges, both in separate courses and through attention from older departments such as home economics. The Better Business Bureau "Fact" pamphlets have provided valuable information. The American Dental Association

¹ See Parker, *infra*.

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places its seal of approval on dental products that reach certain standards.

Thus there are many consumer movements. They do not as yet form a consistent pattern. Many social workers participate in them and are helping to improve and expand consumer protection, education, and organization.

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COUNCILS IN SOCIAL WORK.¹ With the development over the years of varied and specialized social services came the need for coordination. Even before the turn of the century this need was recognized and partially served by charity organization societies and social service exchanges. These were the forerunners of present-day councils in social work. The period between the two world wars saw the widespread development of councils in urban areas throughout the country. They were further stimulated by the course of events during World War II. Today they are accepted as an essential element in the social work scene. They exist not only for co-operative planning and coordination of social services but also to mobilize all forces in the community for the preservation and promo-

¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

tion of human values. The process involved in carrying out these objectives is known as community organization. *See* COMMUNITY ORGANIZATION IN SOCIAL WORK.

The best-known type of council is the local community welfare council, often called council of social agencies, social planning council, or simply community council. There is widespread development also of neighborhood councils of various types. Applications of the welfare council method on state and national levels are currently attracting a great deal of interest.

LOCAL COMMUNITY WELFARE COUNCILS

The community welfare council movement dates from 1909 when councils of social agencies were organized in both Milwaukee and Pittsburgh. The spread of councils to other cities throughout the country paralleled the development of community chests. In many cities the organization of a council has grown out of experience with a community chest, particularly the budgeting activities. In others a council was organized first and was then responsible for the development of a plan for joint financing of the voluntary agencies. *See* COMMUNITY CHESTS.

Today there are community welfare councils in approximately 350 cities in the United States. With one or two exceptions every city of over 100,000 population has some kind of permanent organization for community-wide planning and coordination of health, welfare, and recreational services. In addition to the cities which have a community welfare council there are several hundred cities where the community chest carries on the principal functions of a council. In many other places permanent or temporary organizations undertake some part of the health and welfare planning job which is usually considered the function of a well-organized community welfare council.

No general description of these councils can be exact for any given community since they vary widely from city to city. No two are exactly alike in structure or even in function. The following features are characteristic, however: (a) a voluntary membership

by agencies and individuals, including those agencies which operate health and welfare services; (b) a purpose of meeting needs of people for good health, economic security, social satisfactions, and recreation as adequately and efficiently as possible; (c) a program of coordination and planning but ordinarily not direct operation of services.

Purpose

The need for councils arises from the complexity and interdependence of social problems and of the services which have been organized to deal with them. The range of social welfare is the scope of concern of the community welfare council. Today this reaches beyond the "three d's"—disease, dependency, and delinquency. It is a concern with a satisfying level of social living. It encompasses prevention of suffering and enrichment of life.

Some health and welfare services have been established as activities of local, state, or federal government, and are supported by taxation. Others have been organized as voluntary movements and are supported by contributions, endowments, fees, or some combination of these methods. Based on studies in a representative group of urban areas, it is known that in the average community approximately \$25 per capita is spent for these community services. In a community of 100,000 population this would be a total of \$2,500,000. These funds are spent through many channels and under varied auspices. The money is provided not by the few but by the many, for today the base of support is very broad, whether through taxes or voluntary contributions. There is also broad use of the services. Studies in several cities indicate that approximately two-thirds of all families in urban areas receive one or more of these community services in a single year.

Social services were created one by one, as special groups or individuals became interested in particular problems. They did not develop as part of an integrated plan. Community welfare councils exist to promote the orderly development of these varied community services so that, col-

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lectively, they will attain the highest possible efficiency in serving the needs of people. This job of health and welfare planning is a co-operative job. Representatives of agencies and governmental departments which operate services, organizations concerned about a good community program, and interested individual citizens participate on a voluntary basis. By the conference and study method they reach agreements regarding necessary action. In bringing to bear upon a situation the weight of facts and group opinion they achieve improvements in the community's program of health and welfare services.

Health and welfare planning is a vital continuing process. The final perfect arrangement of services is never achieved. Recognized social needs are continually changing. They change with every readjustment in economic and living conditions. They change with society's rising standards, as horizons are extended through science, through a broader and deeper knowledge of the human being, through an ever-quickenning sense of social justice. Likewise, new methods are developed. There is ever the goal of applying new skills and resources to achieve the highest possible level of community well-being.

Program

The program of community welfare councils includes coordinating the work of existing agencies, eliminating unnecessary services and developing needed new or improved services, stimulating preventive and remedial measures, and building public understanding of community needs and services. While there are great variations among councils in different communities, specific activities of a well-organized council may be classified under six headings.

1. Coordinating activities. Councils provide means for representatives of operating agencies to come together, share their experiences, develop mutual understanding, and arrive at effective working relationships. The starting point is a getting-acquainted process so that agency employes and board members get to know each other and become informed with

respect to the work each is doing. By participating in meetings and working on joint projects, agency representatives develop a spirit of teamwork and community-mindedness. Case conferences and committee studies are common devices for building an integrated attack upon specific community problems. The council also promotes interagency agreements so that each agency will have a clearly defined responsibility related to the functions of all others.

In another sense, councils coordinate by bringing new services into proper relationship to the total community program. They act as clearinghouses where individuals and groups may receive advice regarding plans for new services or major changes in existing services. The clearance may be either formal or informal. In either event, the council provides the machinery for making sure that new services are in line with actual community needs.

2. Fact finding. A basic function which underlies almost every council activity is the continuous and systematic gathering of facts about the community — its health and welfare needs and the agencies which exist to meet those needs. As a matter of routine, councils maintain information about programs of all health and welfare agencies; volume and cost of services rendered; characteristics and distribution of the population; and indices of community problems, such as death rates by causes, the incidence of various diseases, and the extent of crime, delinquency, and unemployment.

In addition to routinely collected information, councils gather the facts about specific problems as they arise and make special studies regarding the adequacy of agency services. These studies may be quantitative or qualitative. Sometimes they are in the nature of administrative studies to determine the most effective structure and relationships. Occasionally a council will employ consultants from outside the community to direct or assist in making studies. The use of outside experts is common when an over-all community survey of all services is undertaken.

3. Joint action. The facts are considered and a logical course of action agreed upon by the interested parties. Decisions are reached by

group thinking through the committee process. The council then takes steps to see that agreed-upon improvements in the community program are put into effect. This action is also a joint effort by interested citizens and organizations. The improvements may require the elimination of a service, a major change in an existing service, or the development of an entirely new service. The method used is persuasion rather than compulsion. The council has no dictatorial powers and must rely upon the influence of sound logic and the power of public opinion.

Action may represent conference and negotiation with the proper authorities or with agencies administering the services. It may involve consultation with the community chest or other governmental or voluntary appropriating body. It may represent active support of local, state, or federal legislation. It may call for a publicity program.

4. Improving the quality of service. Many of the council's activities are aimed at improving the quality of existing health and welfare services. Under this heading come general educational meetings, special conferences and training institutes, personnel studies, and counsel and advice to participating agencies. The council continually strives for the acceptance of higher standards of work. Much of this activity is informal in nature. It is a gradual day-by-day process of lifting the effectiveness of the total community program. In other instances, formal standards are proposed for adoption by all agencies.

5. Common services. Although councils seldom operate direct services for individuals, except possibly on a demonstration basis, they commonly conduct activities to assist operating agencies in carrying on their programs. Such common services include maintenance of an agency directory, a social service index, a central volunteer bureau, a central information service, and a joint publicity program. Research activities are also a common service for agencies as well as an essential element in the social planning process.

6. Developing public understanding. One of the principal functions of a council is to quicken public awareness of community prob-

lems and develop an understanding of how agencies are dealing with these problems. This is done by sponsoring public meetings, maintenance of a speaker's bureau, distribution of studies and reports, and publicity through the press, radio, and other media. Community understanding of welfare needs and services is also developed through cooperation with other organizations on matters of general civic interest.

Structure and Relationships

A community welfare council is primarily a citizens' movement — a voluntary coming together of citizens having a common interest in an adequate community program of health and welfare services. Included are citizens who pay the bills — whether as taxpayers or contributors; those who set the policies — agency board members and members of legislative bodies; those who administer the services — agency staff members; and those who receive the services — clients and the general public. All four groups ordinarily participate in the council's work. Ideally the council brings together all citizen interests having a common concern for the preservation and promotion of human resources.

The basic membership body of most councils is composed of delegates from all of the governmental and voluntary social agencies and departments operating in the fields of health, welfare, and recreation. Provision is usually made for these operating groups to be represented by both board members and professional workers. To this group are added certain outstanding individuals as delegates-at-large and some ex-officio members such as the mayor of the city. Often provision is also made for representation from other organizations and departments of government which are engaged in activities closely associated with social work or which have an expressed interest in the social welfare of the community. Examples of such organizations are the medical and dental societies, the schools, police departments, and the Junior Leagues. In addition, most councils see that there is liberal participation in their activities, if not formal representation, by the members of nationality,

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business, labor, religious, patriotic, parent-teacher, and other groups.

Councils vary considerably as to inclusiveness of membership. In small and medium-sized communities a broad membership tends to prevail. In the larger cities membership is more likely to be composed primarily of representatives from boards and staffs of health and welfare agencies which operate a direct program of service. The type of membership in these councils is reflected in their usual name—council of social agencies. In some councils membership is limited to those agencies which comply with certain minimum standards. These councils take the position that membership implies endorsement of the agency's program and that agencies accordingly will improve their standards in order to become members. Increasingly, councils are now taking the position, however, that all operating agencies should be included, since their standards will be raised by participation in the council's program. Furthermore, there is a trend toward broadening the base of participation so as to include citizens-at-large and representatives of organizations which are interested in the welfare program but not operating a direct social service. For example, many cities have made special efforts to secure more effective participation from individuals who can represent the point of view of organized labor. Special committees of the two principal national labor groups are giving active support to this development. *See LABOR AND SOCIAL WORK.*

In regard to administrative structure, the following are generally considered to be the minimum essentials for a council of social agencies: incorporation; a constitution and by-laws; the usual officers; a basic membership body; a board of directors or executive committee; and a provision for the creation of divisions, departments, and committees to undertake specific projects.

It is common practice among councils in larger cities to establish standing divisions for work in the principal fields of service, such as case work or family and child welfare, group work and recreation, and health or medical care. Each of these divisions has a member-

ship composed of organizations and individuals especially interested in the designated field of service. Sometimes these divisions of the larger organization are also known as councils as, for example, a health council. They have a certain measure of autonomy but in most cities they are not entirely separate, operating rather within the structure of the over-all community welfare council. Many problems which come before councils cut across functional lines and require special committees directly under the council governing board. This device is also used when there is especial need for speed, flexibility, or continuity of action. Such committees can be created at any time to continue until the task is completed, whether it be a few weeks or several years. In small communities where limited staff service is available there is often no attempt to establish standing divisions, all activity being carried on by the board and special committees.

Administrative departments are usually established to operate common services, such as the social service exchange, the volunteer bureau, publicity, or research. Ordinarily they have their own advisory committees and in the larger cities special staff is provided. *See PUBLIC RELATIONS AND EDUCATION IN SOCIAL WORK, RESEARCH AND STATISTICS IN SOCIAL WORK, SOCIAL SERVICE EXCHANGES, and VOLUNTEERS IN SOCIAL WORK.*

Cooperative financing of voluntary agencies is another common service closely related to the work of community welfare councils. Joint planning and joint financing both employ the community organization process. The relationship is so close that in some cities the community welfare council and the community chest operate as parts of a single organization—a community chest and council. Regardless of the constitutional plan, it is generally agreed that there must be close cooperative relationships between the joint financing and the joint planning bodies in any community. This teamwork relationship is often insured by the employment of a single executive to serve both organizations. Other interlocking devices include sharing of staff service and office facilities; joint committees, as on public relations

and research; appointment by the council of a proportion of the members of the chest budget committee; interlocking directorates and representation of each organization on the board of the other; and provision in the constitutions of both the chest and council to use the council in program-planning matters.

It is a generally accepted principle that councils should have some formal connection with the budgeting of funds raised in the annual chest campaign and should employ their influence and knowledge wherever possible to the appropriation and expenditure of public funds for health and welfare purposes. It is accepted practice for the community chest budget committee to refer to the community council all questions of agency program or relationships. Usually the council participates in the selection of the budget committee, which in most cities is a committee of the chest. In Cleveland, Detroit, and Pittsburgh, however, the councils have primary responsibility for reviewing budgets of agencies which participate in the chest campaign.

The council movement is closely related to the phenomenal development of public social services which has taken place during the past quarter-century. Much of this public welfare development has been initiated, fostered, and fought for by community welfare councils, as their studies showed that increasing governmental programs were necessary to meet demonstrated community needs. In most communities the new public agencies became members of the council. Their influence is great since they account for two-thirds of health and welfare expenditures. A recent study¹ of public agency relationships in 113 councils showed that work with and for public programs comprised a major part of council activity. For example, replies from these councils indicated that within a year's period 93 had taken formal action, such as transmitting resolutions to or waiting on public officials in regard to health and welfare matters, 86 had conferences with public officials about the program of a tax-supported

agency, and 102 conducted public interpretation of public agency programs. During the preceding five years 72 councils had made special studies of public agencies. While formal procedures for review of public agency budgets are rare, there is abundant evidence that councils have considerable influence on the expenditure of public funds for health and welfare purposes.

It is generally agreed that planning in the field of welfare services is closely related to planning in other fields, particularly economic planning and physical planning. War councils brought about some integration of efforts in these three fields. Many postwar planning commissions have been concerned with all three aspects, although too often these groups neglect the health and welfare field. In some cities the community welfare council has been an integral part of these total community planning efforts. For example, in Grand Rapids the executive director of the over-all group is also executive of the council, and in Syracuse the council prepared the health and welfare section of the postwar planning commission's report. There is an unmistakable trend toward greater correlation of planning in the several areas of community interest. The correlation may take place through a formal comprehensive over-all planning body. Mostly it is in the nature of increasing clearance of the specialized planning which goes on in welfare councils, chambers of commerce, city planning commissions, and similar groups.

One of the recent trends is toward extending the scope of a council to the natural metropolitan area of the community in which the council is located. Detroit has operated successfully on this basis for a number of years. Boston, Los Angeles, and Providence are examples of other cities which have recently undertaken such a development. Affiliation with district councils in the natural or corporate subdivisions of the larger metropolitan area is usually involved in such a plan.

Experience has demonstrated that a council of social agencies cannot operate effectively without competent staff assistance. This requires an operating budget. Although councils are financed largely by chests, there are a few

¹ Sieder, Violet M. *Public Agency — Council Relationships*. 50 pp. Community Chests and Councils, Inc., New York. 1946.

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cities in which the council receives a direct subsidy from tax funds. This is the case in Baltimore, Buffalo, Miami, and Scranton. In most other instances where there is public support it is limited to payment for services rendered by the social service exchange. For at least two important reasons, councils have not received financial support commensurate with the task which they are expected to perform: their work is intangible and not as appealing to the contributing public as other forms of welfare work; and there has been an unfortunate tendency to consider their budgets in relation to the amount raised in the chest campaign rather than the total amount spent for health and welfare work in the community.

NEIGHBORHOOD COUNCILS

Neighborhood planning existed in one form or another before the first council of social agencies was organized. As evidenced by the settlement movement, the idea of approaching social problems from the standpoint of a certain limited area is not new. *See SETTLEMENTS AND NEIGHBORHOOD HOUSES.* However, most of the growth in neighborhood planning has occurred in the past fifteen years.

A neighborhood council might be defined as a "grass roots" organization of people living in and/or working in a natural geographic subdivision of a city, for the purpose of appraising local needs and developing resources to meet them. This activity involves the usual processes of community organization — study, planning, coordination, and action. The neighborhood council has, however, the special characteristic of being a group of people working together to eliminate problems directly affecting them in their work and homes. This personal interest brings an urgent and dynamic quality to the neighborhood council.

Neighborhood councils tend to follow three general patterns, all of which may appear in any one city. The first is a citizens' council which usually originates when people living in the community become aware of some urgent need such as housing, health, or recreation, and attempt to meet it by group action.

The need comes first, rather than a carefully worked out plan of organization. The second pattern is the neighborhood council made up of professional health, welfare, recreation, and educational practitioners working in a given area, usually a "problem neighborhood." Through better interagency coordination and joint planning, these practitioners attempt to increase or improve social services for the area. The third pattern combines some features of the other two, giving equal emphasis to developing and blending strong and indigenous lay and professional leadership.

In program emphasis, neighborhood councils differ from community welfare councils in two principal respects: interest is focused more narrowly, usually on one or a few problems at any one time; and the range of interest is broader, with less limitation to the more strictly defined health and welfare field. The neighborhood council is likely to work on almost any situation which seems to be affecting life in the area. As a result, there is no standard pattern of program or activities. Different neighborhood councils in the same city may be working on problems ranging from poorly lighted streets or inadequate garbage collection to day care for children. Action on certain problems can be taken by the neighborhood council acting alone. Other problems are city-wide. For these it is important that there be direct channels to the central planning body.

An increasing number of community welfare councils have taken an interest in stimulating neighborhood groups and have often furnished financial assistance. Representation is usually provided for these groups in a special committee or division of the central council. Thus, a means is provided for a two-way communication between groups conversant with local needs, and functional planning on a city-wide basis. This strengthens both programs. For the neighborhood council it may provide much-needed staff service. Generally speaking these local groups have been seriously handicapped by lack of funds and staff. They have been too dependent upon the volunteer leadership available at the moment. They have also tended to confuse coordinating and administrative functions with consequent loss

in effectiveness as planning groups. Neighborhood councils which are affiliated with some central planning body seem to have the best chance for a continued and useful existence.

The coordinating council is a type of neighborhood council which has gained considerable momentum on the West Coast. This movement started in Berkeley in 1919 but the greatest development has taken place since 1932 with the establishment of councils in Los Angeles and other sections of California. These councils were originally organized to focus the attention of the community on plans designed to prevent delinquency. In most cases the emphasis has been broadened to include the coordination of all welfare services in local areas. In a number of cities the coordinating council movement has been financed from tax funds, either directly or through the schools or the juvenile court. Co-operative relationships have been worked out between the community welfare council and the coordinating council in Los Angeles and other cities.

STATE AND NATIONAL DEVELOPMENTS

It appears that one of the distinguishing features of the postwar period will be the development of cooperative health and welfare planning on a state-wide and a nation-wide basis. Trends and forces similar to those which found expression in local communities twenty-five years ago are now in evidence at the state and national levels.

All but half a dozen states have embarked upon some kind of program for handling one or more aspects of the total community organization job. In many states several movements are approaching the problem from as many different angles. Much of this activity is an outgrowth of experience during the war period with state defense councils, emergency commissions, and state war chests. The major organizational approaches have been as follows:

1. Through state conferences of social work and associations of social workers.
2. Through state citizens' associations.
3. Through state war chests.

4. Through state associations of community chests and community welfare councils.

In addition there are groups concerned with some part of the health and welfare field, such as state youth and children's commissions or state committees on recreation, mental hygiene, tuberculosis, and other functional interests. There is also a great deal of interest in more inclusive planning movements, such as state planning commissions and adult education councils. A great deal of administrative coordination and planning takes place within and among various state departments of health, welfare, education, and so forth.

While there is no exact counterpart of the community welfare council or neighborhood council at the state level, current developments are leading in that direction. Adaptations of the council principle are already appearing in a number of states.

In December, 1945, a broadly conceived national council for health and welfare planning came into being for the first time with the organization of the National Social Welfare Assembly. This new organization is actually a broadening, in both purpose and participation, of the predecessor National Social Work Council. There are 44 member organizations, including 11 federal agencies. In addition there are individual members representing the general public and the local community point of view. The following groups of national agencies are closely affiliated with or integral parts of the Assembly: Associated Youth Serving Organizations, Inc., Education-Recreation Council, National Health Council, and Social Case Work Council. *See NATIONAL ASSOCIATIONS IN SOCIAL WORK.*

For a long time local councils have been acutely aware of the need for national coordination and joint planning of health and welfare services. Many problems are nationwide in scope. The well-being of any local community is conditioned by the state of the nation. Large segments of the social work program are financed by the federal government. The programs of national agencies reach down to every community, and often their separate approaches to the local community have been conflicting or competing.

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Organization of the National Social Welfare Assembly confirms a long-standing and widespread belief that the council method eventually would be applied on a national basis. This development recognizes that there is a need for national planning as well as local planning, and that there is a partnership between the two. It holds the promise of a more adequate program of services for people in all communities.

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CRIPPLED CHILDREN¹ have engaged the interest of governmental and voluntary agencies for many years. Before the enactment of the federal Social Security Act in 1935, however, relatively few states had developed a comprehensive program of services on a state-wide basis. During the past ten years federal aid to the states for services for crippled children authorized under the provisions of Title V, Part 2, of the Act has made possible the development of a nation-wide program of medical, surgical, and aftercare services for the physical restoration and social adjustment of crippled children. Responsibility for administering this part of the Act is vested in the Children's Bureau of the Federal Security Agency. State programs are now in operation in each of the 48 states, Alaska, Hawaii, the District of Columbia, and Puerto Rico.

Number of Crippled Children and Types of Crippling Conditions

Since 1936, state and territorial agencies administering services for crippled children have maintained registers on which are listed children under twenty-one years of age residing in the state and upon whom a diagnosis has been made by a licensed physician as hav-

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

ing a crippling condition as defined in the state law or administrative ruling. These registers contained the names of 404,500 crippled children as of December 31, 1945.

Among the principal causes of crippling listed on state registers are infantile paralysis, cerebral palsy, clubfoot, osteomyelitis, congenital malformations, rickets, spinal curvatures, and tuberculosis of bones and joints. Except for certain congenital defects, the causes of crippling or the physical handicaps that result are to some degree preventable. In the majority of instances proper treatment, promptly given, will result in physical restoration or will materially reduce the child's handicap. Types of crippling conditions among children for which little or no provision for care has been made include disabilities arising from impaired vision and hearing, rheumatic heart disease, diabetes, and epilepsy.

Voluntary Organizations

Various private agencies and fraternal organizations have done pioneer work in the interest of crippled children. The International Society for Crippled Children, founded in 1921, has given leadership in directing public attention to the needs of crippled children, in sponsoring legislation in their behalf, and in urging appropriations from public funds for the extension of state services. In 1939 the National Society for Crippled Children and Adults was first organized as successor in this country to the international organization. This national agency has stimulated the development of many voluntary state societies, which in turn have organized county committees that provide assistance and promote public understanding of the social, educational, and medical needs of physically handicapped children.

Each year since 1934, nation-wide celebrations of the birthday of Franklin D. Roosevelt have been held to raise money for the fight against infantile paralysis. Before 1938 the proceeds were used to support the Georgia Warm Springs Foundation. In 1938 the funds were transferred to the National Foundation for Infantile Paralysis, organized in that year for the express purpose of leading, directing,

and unifying the fight on every phase of infantile paralysis. This Foundation has stimulated the organization of local chapters covering most of the 3,050 counties. One-half of the funds raised each year is retained locally to render direct assistance to those afflicted with infantile paralysis, irrespective of age, race, creed, or color. This aid assists financially in providing medical, surgical, nursing, physical therapy, and hospital care as well as the furnishing of orthopedic appliances, transportation of patients to clinics, and the provision of equipment to hospitals. As an adjunct of their program of assistance, chapters also finance the training of doctors, nurses, and physical therapists in the care and treatment of infantile paralysis. The Foundation also sponsors many important research projects in various fields related to the problem of poliomyelitis, such as virus research, epidemiology, immunology, physiology, and so forth. The Foundation recently made a substantial grant to the University of Rochester to conduct a clinical investigation of cerebral palsy.

With the increasing interest in the welfare of the child with rheumatic fever and heart disease, the American Heart Association during 1944 took leadership in planning the formation of the American Council on Rheumatic Fever which functions as an integral part of the Association. The Council concerns itself with the promotion of special studies to increase basic knowledge of the disease, professional education, and methods for increasing public awareness of the problem.

The National Society for Crippled Children and Adults announced during the year the creation of a National Advisory Council on Cerebral Palsy, a National Cerebral Palsy Fund, and the establishment of a cerebral palsy division in its central headquarters office for extending and developing services for the cerebral palsied. The Society has indicated that it proposes to supplement and extend existing services and to develop measures for the training of professional personnel and for research in this special field.

Numerous other organizations such as the Elks, Shriners, Junior League, Rotary, Kiwanis, American Legion, and Lions carry on

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independent service programs in behalf of crippled children.

Federal Grants and Administration

The Social Security Act as amended (1946) authorizes an annual appropriation of \$7,500,000 for grants to the states¹ to help them "extend and improve (especially in rural areas and in areas suffering from severe economic distress) . . . services for locating crippled children and for providing medical, surgical, corrective, and other services and care, and facilities for diagnosis, hospitalization, and aftercare, for children who are crippled or who are suffering from conditions which lead to crippling." The Act further specifies that state plans must provide for cooperation with medical, health, nursing, and welfare groups and organizations, and with any agency in the state charged with administering state laws providing for vocational rehabilitation of physically handicapped children. Implicit in the basic legislation for crippled children's services is a broad concept of medical care that does not stop with treatment of the organic impairment but combines treatment of both the physical handicap and unfavorable social influences, which together determine the degree and duration of disability. The plan of services for crippled children, submitted annually by each official state agency to the Chief of the Children's Bureau, embodies the state's request for federal aid, explaining how the funds will be used. If the state plan is in conformity with the requirements of the Act, the Chief of the Children's Bureau approves the plan and the Administrator of the Federal Security Agency certifies the grant.

According to the terms of the Act, the sum of \$30,000 is allotted to each state (total \$1,590,000) and the sum of \$2,160,000 is apportioned on the basis of need in each state, after the number of children in need of care and the costs of furnishing care have been taken into consideration. These amounts (total \$3,750,000) must be matched by state, local, or private

funds under the complete supervisory control of the official state agency. The remaining \$3,750,000 is available for grants without the requirement for matching. It is allotted according to the financial need of each state for assistance in carrying out its plan. This fund makes possible the extension of services to additional children in states with limited financial resources, expansion of the program to include other types of crippling conditions, particularly rheumatic fever, and provision for emergencies or epidemics.

The Children's Bureau has established a Division of Health Services which administers the crippled children's program and the maternal and child health program, also included under the provisions of the Social Security Act. *See* MATERNAL AND CHILD HEALTH. The staff includes a medical director, assistant medical director for maternal and child health services, an assistant medical director for crippled children, special orthopedic and cardiac consultants, and medical, medical social, public health nursing, and nutrition staffs assigned on a regional basis to give consultant services to the state agencies in formulating their plans and carrying on their services. *See* MEDICAL SOCIAL WORK and PUBLIC HEALTH NURSING. Assistance in the development of policies affecting the administration of the crippled children's program is given by an advisory committee composed of orthopedic surgeons, pediatricians, medical social workers, nurses, physical therapists, educators, and others experienced in the various aspects of the care of crippled children.

The National Commission on Children in Wartime (now reconstituted as the National Commission for Children and Youth), an advisory group appointed by the Chief of the Children's Bureau to consider the special problems of children during the war years and the important postwar period, issued a report during 1945 entitled *Building the Future for Children and Youth* (*infra*) which included important recommendations pertaining to the needs for further extension of public health and medical services for physically handicapped children. This report formed the basis for several legislative measures intro-

¹ The term "state" as used in this article includes Alaska, the District of Columbia, Hawaii, Puerto Rico, and the Virgin Islands.

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duced in Congress during 1945. One of the most specific measures was that introduced by Senator Pepper for himself and nine other Senators, entitled "The Maternal and Child Welfare Act of 1945" (S. 1318).

State Programs

Before the passage of the Social Security Act, 37 states had passed laws relating to medical care and services for crippled children, and several states had established crippled children's hospitals. In only a few states, however, was it possible to provide services for any substantial number of crippled children. By 1940 all the states, Alaska, Hawaii, Puerto Rico, and the District of Columbia had established services for crippled children under the provisions of the Social Security Act.

Official state agencies administering services for crippled children include 30 departments of health, 10 departments of public welfare, 4 departments of education, 5 crippled children's commissions, and 3 state university medical schools or hospitals. There has been a trend toward transfer of administrative responsibility to health agencies, showing an increasing recognition that the program is one primarily involving the field of medical care.

Although all state plans have certain fundamental features in common, each is designed to meet the particular needs of its state and is administered solely by the official state agency. With few exceptions, all agencies have general advisory committees composed of representative citizen groups. Technical advisory committees are also used in the great majority of states. In the development of standards and other policies by the state agency, the recommendations made by the Children's Bureau advisory committee are generally taken as a guide.

Each state plan provides for locating crippled children and for skilled diagnostic services. In all states any child is eligible for admission to a diagnostic clinic in order that his needs may be ascertained. Treatment services by qualified specialists, such as orthopedic surgeons and pediatricians, are provided, in approved clinics and hospitals, for children found to be in need of care. Provisions are also

made for convalescent care and other aftercare services such as the furnishing of necessary appliances and for follow-up services by the attending specialist or other professional worker.

In several states early legislation in behalf of crippled children places responsibility for determination of eligibility and authorization of care with the court of the county in which the child resides. Experience has revealed that in the determination of eligibility local courts frequently place undue emphasis upon residence requirements and economic need, because pertinent medical and social data are not readily available. Furthermore, action of the court may involve a transfer of guardianship from the parents. It is obvious that such factors do not operate to the best advantage of crippled children in need of care. Consequently, the Children's Bureau Advisory Committee on Services for Crippled Children recommended in 1938 that "State agencies assume final administrative responsibility for determination of eligibility and seek to eliminate court-commitment procedures."

Services in some states have been limited by statutes or policies that deny assistance to nonresident children whose parents have not established legal settlement. Migration across state lines has increased greatly and has focused attention upon the plight of crippled children in such families. The Advisory Committee on Services for Crippled Children made the recommendation in 1936 (reaffirmed in 1941) that "the Children's Bureau should endeavor to work out with official State agencies policies and agreements between States that will insure the use of public funds for the care of crippled children, regardless of the duration of their residence in the State." It is hoped that eventually states will abolish all residence requirements for services to crippled children.

State health agencies administer the emergency maternity and infant care program for wives and infants of enlisted men in the armed forces. With few exceptions nearly all state crippled children's agencies have made provisions to accept for care any crippled infant referred by the state health agency under this emergency program.

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Since 1940 an increasing number of state agencies for crippled children have been developing programs for the child afflicted with rheumatic fever and heart disease. As of June 30, 1946, 20 states had established approved rheumatic fever programs. In the majority of instances the program is limited to an area within the state where services and facilities adequate to provide a high quality of care are available. A state plan is approved for federal aid only when all the services considered essential for the treatment of these children are provided.

In two states (California and New York) legislation was passed during the year relating to the development of special services for children with cerebral palsy. In California such legislation provided for the development of diagnostic and treatment services with special provision for educational services. In New York the legislation provides for an appropriation to enable the state to carry out a study of the physical, social, and educational problems of cerebral palsied children.

Services for Crippled Children

1. Locating crippled children. The state agency has responsibility for finding children who are crippled or who are in danger of becoming crippled. Early locating of a crippled child may have a direct bearing on the degree of improvement that will result. Stimulation of the interest of physicians, nurses, social workers, teachers, citizen groups, and individuals constitutes a strong factor in building up a continuing rather than a sporadic case-finding service. Additional sources of information include birth certificates, school censuses, epidemiological reports, and special surveys. Provision for reporting birth injuries and congenital malformations on birth certificates has been made in 34 states and the District of Columbia.

2. Clinic and hospital care. Skilled diagnostic services by qualified surgeons and pediatricians are provided at state clinics situated in permanent centers or held periodically in various communities so as to be accessible to all parts of the state. During the calendar year

1945, 94,800 children were admitted to these clinics for diagnosis or treatment.

It has been estimated that only about 25 per cent of the children examined at clinics require hospitalization. The state agency establishes standards for the selection of governmental and voluntary hospitals throughout the state from which care for crippled children is purchased. During 1945, 30,900 children were given hospital care. Hospital accommodations for the treatment of Negro children are still insufficient although there has been an increase in the number of hospital beds and an improvement in the facilities for Negro children in recent years.

The Children's Bureau has issued a policy statement relating to the purchase of hospital care under state services for crippled children, whereby hospital care authorized by the state agency is purchased at rates based on the cost per patient-day as computed by each hospital in accordance with a recommended method.

3. Convalescent care. The needs of children during convalescence have been met so far as possible through the use of convalescent homes and through the development of a foster home program. Although additional homes for convalescents have been made available in recent years, there is still a dearth of convalescent facilities providing proper medical, nursing, medical social, and physical therapy services and affording opportunity for occupational therapy, recreation, and education. These facilities are lacking particularly for certain diagnostic groups, the older age groups, and for Negro children of all ages. States have generally made use of foster homes for convalescent care only when a foster home program has been developed by a child welfare agency and correlation of services between the two agencies has been worked out with the assistance of a medical social consultant on the staff of the agency for crippled children. Care was provided during the calendar year 1945 for 5,300 children in convalescent homes and for 1,200 children in foster homes. During the year the National Society for Crippled Children and Adults conducted a special study of convalescent care facilities and services for

children in the United States, and sponsored a special conference on the subject.

4. Aftercare. The real test of the effectiveness of the services of state agencies comes during the period of aftercare when the results of surgery are evident and when the child's adjustment to his handicap is demonstrated. State agencies recognize that the ultimate benefit a child derives from the state services frequently depends upon the adequacy of the resources in his home community. In line with this philosophy, medical social and orthopedic or specialized public health nursing consultation services are provided by the state agency to local health and welfare workers who are directly responsible for community services. The objective has been to promote and help to improve social and public health nursing care throughout the entire range of services needed by a crippled child.

The department of education in some states makes provision for the education of crippled children through special classes, schools for the handicapped, and teaching service in hospital, convalescent home, and the child's own home. However, rural and some urban communities lack these facilities.

In accordance with the requirements of the Social Security Act, each state plan of services for crippled children provides for a close working relationship between the crippled children's service and the state vocational rehabilitation service. See VOCATIONAL REHABILITATION. With the approval of the Barden-LaFollette Vocational Rehabilitation Act in 1943, there has developed even greater need for close cooperation between the two state agencies, since each is given responsibility for providing physical restoration services in a similar age group. In order to clarify the relationships between the two agencies, the Children's Bureau and the federal Office of Vocational Rehabilitation have agreed upon certain policies designed to avoid duplication of services. The policies have been generally adopted by state agencies administering crippled children's services and vocational rehabilitation services.

Nearly one-third of the total number of crippled children listed on state registers are

of employable age and represent a large potential source of manpower. Plans have been developed by state agencies to review the state registers periodically to make sure that all crippled children of employable age who could benefit from training have been referred to the state vocational rehabilitation services.

The Retraining and Reemployment Administration of the Department of Labor has given additional emphasis to the importance of coordinated planning between the state crippled children's service and the state vocational rehabilitation service. Under the leadership of the Retraining and Reemployment Administration, the Children's Bureau and the Office of Vocational Rehabilitation have brought about further clarification of policies affecting the relationship of the state and local services for physically handicapped youths of employable age.

Prevention of Crippling Conditions

Although many crippling conditions still present baffling problems as to methods of prevention, considerable progress has been made which has brought about reductions in the incidence of certain types of crippling conditions. The tuberculosis-control program has materially reduced the incidence of tuberculosis of bones and joints among children. In the light of our present knowledge there is no reason why this crippling condition should not be brought completely under control. See TUBERCULOSIS. Rickets is still an important cause of crippling but could be largely prevented through the administration of cod liver oil and adequate exposure to sunlight. Accidents in the home, in the school, on the farm, and on the highways could be reduced through safety campaigns and greater awareness on the part of children and adults of the need for prevention of accidents.

The crippling effects of infantile paralysis can be either prevented or greatly minimized through adequate provisions for early recognition of the disease, prompt and proper treatment, and aftercare services. Better obstetric care will largely prevent birth injuries and disabilities due to congenital syphilis. Provisions for periodic medical supervision of all

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children would make it possible to detect physical impairments or an incipient disease at a stage when treatment can be most effective. Recent studies have shown that the crippling effects of rheumatic fever and heart disease among children can be either prevented or greatly reduced when they are brought under adequate medical care and supervision during and after the initial attack of the disease. There is some evidence to indicate that progressive loss of hearing among children can be prevented or greatly reduced through early recognition and the institution of adequate therapeutic measures. Convulsive seizures in a large proportion of epileptic children can be controlled through provisions for adequate medical care and supervision.

Recent advances in the development of the sulfa drugs and penicillin will have a direct effect in reducing the incidence of crippling resulting from osteomyelitis. Each year medical science is providing new and better methods for the prevention of crippling among children. An effective program for crippled children must include prevention of crippling as one of its most important features.

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A. L. VAN HORN

DAY CARE OF CHILDREN.¹ Day nurseries have existed in this country since the middle of the last century, their function being to care for children during some part of the day when their parents are at work or otherwise unable to provide adequate care for them at home. The traditional day nursery is an incorporated voluntary agency, receiving part of its support from a community chest or from other private resources. A small number are operated by family service agencies, children's agencies, and settlements. During the war years publicly supported day care centers were organized and operated in war-affected communities throughout the country.

Day Care During World War II

Day nurseries were unprepared, on the whole, in 1941 to meet the increased need resulting from the wartime employment of great numbers of women in industry. A few progressive nurseries, which before the war had emerged from the era of custodial care of children and had become recognized community agencies with well-balanced programs including health, educational, and case work services, provided a valuable pattern for the development of wartime child care centers. Generally, however, it was necessary for representatives of education, health, and welfare agencies and related groups, theretofore in-

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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experienced in the day care field, to take the initiative in planning and administering the new programs. Agencies and individuals with various interests and philosophies found it necessary to focus their attention upon the growing need of children for daytime care and to share their concern and skills in developing services.

Although the government urged that women with young children should not be recruited for wartime employment until all other sources of labor supply had been used, many young mothers entered industry and in many instances were actively recruited as a preferred source of labor supply. Large numbers of young women whose husbands had been inducted into military service were unable to maintain themselves and their children on the government dependency allotments. Others took advantage of current work opportunities as a means of relieving their economic or emotional needs. It was the children of these mothers for whom it was necessary to provide day care services.

Early in 1941 the United States Children's Bureau and the United States Office of Education undertook studies of the need for child care services resulting from the wartime employment of mothers. In July, 1942, approximately \$6,000,000 allocated to the Work Projects Administration (WPA) was designated for use in reorganizing the WPA nursery school program to meet the day care needs of children whose mothers were employed. When in December, 1942, the WPA was dissolved by Presidential order, this expanding nursery school program was continued in many communities with funds made available under the Lanham Act and administered by the Federal Works Agency. These funds were released directly to local communities for the construction, maintenance, and operation of group day care facilities. The Federal Works Agency made no provision for social case work services as a part of the group day care program, nor for foster family day care to meet the needs of many individual children who could not use or benefit by group care.

In August, 1942, a grant from the President's emergency fund was made available to

the Federal Security Agency. These funds were released through the Office of Education and the Children's Bureau to state departments of education and welfare for personnel whose responsibility was to plan, organize, administer, and supervise the program. By June, 1943, the monies made available from the President's emergency fund were exhausted, so that such salaries were discontinued except in a few instances in which state departments of education or welfare were able to assume financial responsibility for coordinating day care services.

Responsibility for promoting and coordinating the development of necessary programs was then placed upon the Office of Defense Health and Welfare Services which recommended that a federal appropriation be made specifically for day care services and allocated as grants-in-aid to states providing services to children of mothers employed in war areas. These recommendations, embodied in the Thomas Bill, provided a comprehensive program of service including the necessary machinery for utilizing all existing resources for child care, and designation of the Federal Security Agency and the Children's Bureau as the agencies responsible for administration. This bill failed of passage.

A majority of states established committees for assisting local communities to develop day care facilities and standards for operation. These committees functioned usually under the state defense councils, and a few appointed executive directors and small staffs of field consultants whose salaries were paid by defense council funds.

In most community child care programs, primary emphasis was placed upon the development of day care centers for preschool children. Since responsibility for determining standards for child care rested with the local community, utilizing either local or federal funds, there were wide differences in the quality of services established. Day care centers subsidized by Lanham Act funds were for the most part under the supervision of local or state departments of education. A small proportion of such projects were administered by departments of welfare. As a rule, plans were

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developed by a local child care committee, often established by a council of social agencies or a defense council. Local public or private funds and parents' fees were used to supplement the federal grant. Under Federal Works Agency administration of Lanham Act funds, parents' fees were limited to 50 cents daily for each child, so that income from this source, in instances where parents' incomes could cover higher fees, were less than in day nurseries using a sliding scale of fees.

The chief problems encountered in establishing and operating day care centers were lack of suitable physical accommodations and a shortage of adequate personnel. In many instances day care centers were understaffed and located in undesirable plants. Rooms in school buildings were often poorly adapted for use by preschool children or by older children before and after school hours and during school holidays. Frequently, centers for preschool children were not located in the same building or near the center for school children, so that many families having children of both ages were handicapped in their use of these services. In a number of communities, well-designed plants in federal housing projects, church buildings, or settlements were used successfully.

Several communities established high standards for the qualifications of day care center personnel and included a program of in-service training for their staffs. Most communities attempted to train groups of volunteer child care aides to supplement paid staffs. Their successful use depended largely, of course, upon the amount of professional supervision provided. Few communities included a supervisor of volunteers on the administrative staff.

Medical supervision of children was generally inadequate. Usually the responsibility for preadmission physical examinations and for periodic re-examinations of children was left with the parents, and most day care centers did not require more than a certification by the family physician that the child had been vaccinated, immunized against diphtheria, and was free of communicable disease. Daily health inspection upon admission in the morning varied in quality. Some centers lacked

facilities for isolation of children who became ill during the day. While a few communities provided care for sick children, it was generally considered advisable from the standpoint of the individual child and of the group to arrange for home care, by their own mothers or relatives, of children who became ill and had to be excluded from the centers.

The standard for group activities in day care centers varied, depending largely upon the qualifications and number of staff employed. In communities drawing upon all possible resources for trained nursery school and kindergarten teachers and for personnel experienced in the recreation and group work fields, programs offered a rich developmental experience. The reverse was often true in communities where there was a lack of such personnel or a failure to utilize or to develop existing resources. *See SOCIAL GROUP WORK.*

On the whole, salaries for day care center personnel were higher than in the traditional day nursery field. This had a wholesome effect upon many day nurseries which had wished to improve the quality of their service and personnel but had lacked community support in doing so.

In a number of localities, day care centers were established and operated by war industries in an attempt to solve the child care problem of women employees. Some of these were located on plant property, others in a more desirable location convenient to transportation. In spite of adequate financing, the quality of these programs varied as greatly as in those supported by federal funds. In some instances, despite apparent need, these facilities were not used to capacity. A serious drawback was the lack of integration with community planning and existing community services.

Two variations of group child care established in a few areas were night care and five-day-week institutional care. Night care facilities were not used to any great extent. In some instances parents called for their children about midnight, after work, and took them home. The five-day-week plan was used successfully for a small group of preschool children in one community as part of the wartime

child care program. There were other isolated instances of such care in children's institutions.

Postwar Developments

Since the end of the war in August, 1945, at which time more than 100,000 children were receiving care in centers subsidized by federal funds, there has been considerable change in the situation with respect to public provision of day care services. The Federal Works Agency stated late in August that "Since the assistance under the Lanham Act for child care and civilian recreation has been based on the recruitment and retention of workers for war production and essential supporting services, it is believed that this war need has been met by allotments already made extending such projects to August 31st, or September 30th, 1945. We will however approve the extension of such projects to October 31st, where orderly liquidating of such projects is not possible by an earlier date." By September 30, federal aid for all projects was discontinued in 17 states, and notice had been received by local administrators in all other states that their grants would terminate October 31, 1945.

Protests against this drastic curtailment flooded the offices of the President, the Federal Works Agency, and members of Congress. On October 5, the President recommended that \$7,000,000 of the last Federal Works Agency appropriation be retained for child care projects until March 1, 1946. In his letter to Congress the President stated, "Although some communities have already arranged with local funds to operate centers for children of working mothers, the majority of them have not yet completed such arrangements. In some communities state or local laws or other limitations make it impossible for them to assume this responsibility by October 31, the presently scheduled date for the termination of federal assistance. The reconversion of the wartime child care program to peacetime operations under which the local communities would assume the financial responsibility requires federal assistance for a few more months. This extension of time would give working mothers more time to make other arrange-

ments for the care of their children and would give local communities additional time to provide the necessary state or local funds." Congress approved the President's request and federal subsidy of child care centers was continued through February, 1946. By that time only 395 projects in 386 communities were receiving federal assistance. One month later, on March 31, programs caring for an estimated 30,000 to 35,000 children (as compared to over 100,000 children in August, 1945) were still in operation in 303 communities, largely on a temporary basis.¹

Since March 1, 1946, the school boards in some communities have continued to operate day care programs, with special and usually temporary appropriations of local public funds. There have been isolated instances of the transfer of responsibility for operation of one or more day care centers to a children's or a family service agency or to an incorporated day nursery. In such cases funds have been granted to the operating agency by the community chests, or the agency may have obtained temporary funds from local service clubs, industries, or individuals, with the expectation that the day care center budget might be covered by a community chest grant and parents' payments after the current year. The most precarious financial support of day care services is that of the centers which continue as parent cooperatives, and those which a community committee operates, depending wholly upon parents' payments as the source of support. In both of these types it is obvious that the centers must be continuously enrolled to capacity in order to cover expenses, and that the per capita expense is necessarily higher than many parents can afford to meet, if adequate standards of service are maintained.

It is difficult to ascertain the number of group care facilities in which children receive daytime care; and, similarly, the number of family homes in which children are placed either by agencies or by their parents for day care. The difficulty is due to several factors,

¹ See *Child Welfare Information Service Bulletin (infra)*. According to the October 25, 1946, issue of the *Bulletin*, the number of communities in which programs were still in operation on July 1, 1946, was 262.

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among which are the absence of state or local licensing controls in a number of states and in many communities, the rapid growth of commercially operated facilities, the casual advertisement of these and independent family homes in local newspapers, parents' lack of information regarding suitable resources for service, and the common hazards of day care offered for profit. There is no source in the United States where it is possible to obtain figures on the total number of incorporated day nurseries in operation. The extent of independent foster day care home placements and the use of independent group care facilities is unknown and cannot be estimated.

But it is known that the extent of need for day care services is greater now than in 1941, because of the increased number of homes in which the mother is the sole or major support of the child or must work to supplement the father's earnings.

Trends in Group Day Care

Despite the discouraging failure of the federal government, the states, and most local communities to sustain adequate group day care programs, there is a growing awareness of the importance of this type of day care, which combines the skills of educators, case workers, nurses, and pediatricians in effective service to children partially separated from their families. It is through the practical experience of a few day nurseries and wartime child care centers that such service has already been demonstrated.

In order to promote understanding and interest in the day care of children, which utilizes and integrates professional skills, the Child Welfare League of America in June, 1945, held a conference in which representatives of three professions — education, medicine, and social work — participated. A report¹ of the findings of this conference was published in March, 1946. It was the intention of the conference that this material should be used as a basis for planning courses and practical experience for students in the several professional fields, through which they would acquire

understanding of the skills of each of the professions and of the combined application of these skills in day care service to children. It was further hoped that such experience would have implications also for the field of institutional, full-time care of children.

The few day nurseries which have developed programs of integrated professional service have begun to offer training opportunities to student nursery school teachers, nurses, and case workers under qualified supervisors. Similar plans for the training of medical students have not yet been developed but, in at least one community, are under consideration.

In field service to selected member day nurseries, the Child Welfare League of America has begun to demonstrate the desirable combination of social case work and nursery education skills, by making available consultants from both fields.

A notable and the sole example of the integration of several professional skills on the staff of a licensing agency may be seen in the Day Care Unit of the Bureau of Child Hygiene, New York City Department of Health.¹ The director of the Bureau of Child Hygiene is a pediatrician. The director of the Day Care Unit is an expert in the field of early childhood education. The staff is composed of public health nurses and nursery education consultants. A social case work consultant has also been available, and a full-time appointment to this staff position is to be made in the near future.

Foster Family Day Care

In a small number of communities during the war years, programs of foster family day care service were developed by either a child-placing agency or a family welfare agency. The most successful programs of this type were set up separately from the sponsoring agency in order to avoid confusion with the agency's original function and to reach more easily a new group of families requiring this special form of day care service.

If carefully administered, foster family day care service is particularly suitable (a) for the

¹ See Child Welfare League of America. *Daytime Care: A Partnership of Three Professions* (*infra*).

¹ See Baumgartner, *infra*.

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child under two years of age whose normal growth and development depend upon individual care, preferably by the mother or by a well-chosen mother substitute; (b) for the child of any age, who because of emotional, physical, or mental difficulty cannot adjust to group experience; (c) for the child whose parents' work schedules are not covered by the usual day nursery or day care center hours; and (d) for the child from a scattered residential area, where it is not practicable to establish a group care facility.

Since no federal funds have so far been made available for the development and operation of foster family day care, such programs as were established during the war years continue to depend upon local support, largely from private funds. The majority of these programs have been affected adversely by the difficulty of fund raising experienced in many communities during the past year, and by the same misconception of local responsibility as has affected the continuance of group day care services beyond the war emergency.

Homemaker Service

Homemaker service, another form of foster day care, has not been widely developed because of the high expense and apparent lack of suitable women available for such employment. A few family welfare and child-placing agencies have used a small number of homemakers or "traveling foster mothers" to care for children in their own homes. Because of the restricted scope of this type of service, the placement of homemakers is usually limited to families requiring temporary care because of the mother's confinement or illness, or the illness of a child whose mother is employed and who upon recovery will be readmitted to a day nursery or day care center.

Conclusions

Several conclusions may be drawn regarding the entire pattern of day care in this country: first, that federal and state aid with related responsibility for establishing adequate standards of service is essential if children in need of daytime care are to be protected and provided with the optimum opportunity for

normal growth and development; second, that constructive day care programs may be operated under a variety of auspices, using either federal, state, or local public funds, private funds, or any combination of these, together with parents' payments which represent their share in the responsibility for care of their children; and third, that day care services should be geared to the needs of the individual child, which necessitates the improvement of both foster family day care and group day care, and the development of professional skills in rendering such services to children.

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Alice T. Dashiell

THE DEAF AND THE HARD OF HEARING.¹ It is difficult to draw an exact line between the hard of hearing and the deaf since there are many gradations of hearing loss. At one end of the scale is the small child who has been deaf since birth or early infancy, and who will be without any means of communication until he has been instructed by persons trained to understand his needs. Unless he is given this special instruction, he has only the most primitive means of expression; and even though he has normal mentality, as is true in most cases, he is cut off from all but physical contact with the world about him. At the other end is the adult who lost part of his hearing in middle life, after he had not only acquired a normal command of language but had received an education and become established financially. His hearing loss may entail a stringent personal adjustment; but he can overcome the physical difficulties of deafness with lip reading and a hearing aid. Between these extremes are persons of all ages who have lost more or less of their hearing, with varying effects — educational, social, and economic — according to the severity of the loss and the age at which it occurred.

Generally speaking, classification may be made into two groups: (a) the deaf — those who lost hearing early in life before they ac-

quired speech and language in the normal manner, that is, through hearing; and (b) the hard of hearing — those who lost hearing after the acquisition of a normal spoken vocabulary.

The Deaf

There are approximately 100,000 deaf adults in the United States who lost hearing so early in life that they had to be educated in special schools. Residential schools for the deaf are provided in all states except Delaware, Nevada, New Hampshire, and Wyoming, which send their deaf children to neighboring states to be educated. Twenty-five of the states also have public day schools for the deaf, supported either by the state or by local communities; but these are not evenly distributed, the numbers per state ranging from one each in Oklahoma, Tennessee, and West Virginia to 15 in Ohio, 16 in Michigan, and 18 in Wisconsin.

In January, 1946, there were 17,674 deaf children being educated in 64 public residential schools, 113 public day schools, and 20 denominational and private schools. This number may be contrasted with 20,171 listed as attending schools for the deaf in 1943. This decrease of over 12 per cent in three years may be accounted for chiefly by the fact that the greatly increased employment opportunities offered the deaf during the war drew many young men and women from the schools.

The instruction provided in the different schools for the deaf differs with respect to age of admission, extent of academic instruction offered, amount and kind of vocational training provided, and means of communication used. Speech is taught in all the schools, but it is not consistently used as the vernacular, the pupils in many schools being allowed to use finger spelling and the sign language during a large part of the day. There is a very old division of opinion among educators of the deaf as to the importance of speech in the curriculum. Some hold that, since the acquisition of spoken language and its corollary, lip reading, is slow and difficult, and the speech of the deaf is always more or less artificial, it is not worth the time and effort it requires. Others believe that speech, however imperfect,

¹ For names of national agencies in this field listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

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is an important asset in preparing deaf persons for life in the hearing world. Speech teaching for the deaf has recently received new impetus because of improvement in electrical hearing aids and increased use of these instruments in schools for the deaf, emphasis on pre-school training for deaf children, and increased parental awareness of the problems of deafness and demands for parent education.

It has been proved that a large percentage of deaf children have usable residual hearing; and in some of the schools, notably the Pennsylvania School at Mt. Airy and the Lexington School in New York City, from 40 per cent to 50 per cent of the pupils receive instruction through electrical amplifiers, thus being helped to develop their speaking vocabularies.

The age of admission to schools for the deaf is gradually being lowered. Some states, including Illinois and New York, accept children at three years of age and provide nursery training. Since this tends to accelerate the educational process, the schools are being faced with the necessity of providing more advanced instruction for the older pupils.

Hitherto the majority of schools for the deaf have taken their pupils only through the grades, although a few, such as the Iowa School and the Rochester (N.Y.) School, have accredited high school departments. In the larger cities where there are day schools for the deaf, arrangements are usually made to graduate the deaf pupils into public high schools, where they do most of their work with hearing students, receiving special help in speech and language. In individual cases this is often very successful, and an increasing number of deaf young men and women are being graduated from high school and college along with hearing students.

Once the original language handicap has been overcome, the deaf individual can go as far educationally as his natural abilities will carry him, and for this reason the growing interest of parents in the preschool training of deaf children is important. The schools have begun to encourage this interest. The Illinois and Michigan Schools hold yearly sessions for parents, and in several cities classes for preschool children and their parents have

been opened under private auspices. In Los Angeles, the John Tracy Clinic provides an experimental school to demonstrate that early instruction and home training will largely bridge the educational gap between the deaf and the hearing. The correspondence course for parents of preschool deaf children provided by this clinic is in great demand. More than 700 deaf babies and their parents, located in all parts of the United States, have been instructed by this course since it was first distributed in 1943.

The adult deaf are engaged in a variety of occupations, and it is safe to say that few positions are closed to those that are adequately educated and trained. During the war, many new opportunities were thrown open to them, particularly in the field of airplane construction and motor mechanics, and though of course the deaf may be the first to be caught in any postwar tide of unemployment, they have made measurable gains, and have been able to demonstrate their reliability.

The adult deaf as a class are self-reliant and independent. Those who use the sign language have a tendency to form segregated groups. There are many state societies of the deaf and two national organizations: the National Association of the Deaf, and the National Fraternal Society of the Deaf, a mutual insurance society. Homes for the aged and infirm deaf, supported by the deaf themselves, are located in several states, particularly Illinois, Massachusetts, Ohio, and Pennsylvania.

Research in the field of deafness is being undertaken in a number of schools for the deaf, both governmental and voluntary. The various projects concern the inheritance of deafness, deafness prevention, psychometric testing, hearing aids, vocational guidance, and evaluation of fenestration surgery.

The Volta Bureau in Washington, D.C., is maintained by the American Association to Promote the Teaching of Speech to the Deaf as an information center dealing with all problems of deafness except medical problems. Its staff provides personal service through correspondence and consultations, research opportunities through its large library, and general information offered through its biennial

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program meetings and through its publications, including a monthly periodical, the *Volta Review*. The international relations which the Volta Bureau maintains with educators of the deaf throughout the world were interrupted during the war but are being resumed. A recent lecture tour of the United States by Dr. and Mrs. A. W. G. Ewing of the University of Manchester, England, sponsored by the Volta Bureau, proved very stimulating to American workers in this field.

The Hard of Hearing

This group greatly outnumbers the deaf. Rough estimates place it as representing from 6 to 10 per cent of the population. Statistics secured through health surveys and through hearing tests of public school children seem to indicate that there are from 2,000,000 to 3,000,000 children, and from 8,000,000 to 10,000,000 adults, with a measurable hearing loss, although the number for whom the loss is a serious handicap is probably much smaller. The national incidence of public school children found with impaired hearing has varied from 4.5 per cent to 6.1 per cent in recent reports.

Children who lose hearing during school years require a special educational technique according to the severity of the loss. Those with only a slight loss may continue their studies in the regular public school classes if given lip-reading instruction and placed in front seats of the classroom. Others, with a more severe loss, may also require speech correction and the help of electrical hearing aids. A few cities provide group hearing aids for children who are too deaf to attend grade schools but not deaf enough to be sent to special schools. All persons who lose a noticeable percentage of hearing require psychological adjustments. Many succeed in making these adjustments for themselves, while some need special guidance.

The hard of hearing have done more for their own rehabilitation than have any other group of the physically handicapped. The first lip-reading schools for adults were established by hard of hearing persons; the first welfare organizations for the hard of hearing

were established by the hard of hearing themselves; the first hearing tests of public school children were initiated by hard of hearing adults; and many of the most important improvements in hearing devices were perfected by persons who themselves required the use of these instruments. When the Army inaugurated its widespread program for deafened service men, the majority of teachers of lip reading assigned to the three centers were hard of hearing men and women.

The American Hearing Society (until recently the American Society for the Hard of Hearing) has about 10,000 members. It has accomplished an impressive amount of work in its twenty-seven years of existence. Its 118 chapters, located in 33 cities, and its national headquarters in Washington, D.C., have served as information and welfare centers, where the hard of hearing may go to find out about lip-reading classes, hearing tests, hearing aids, and vocational opportunities, and may find recreation and social contacts. Its national conferences and the publicity campaigns it sponsors each year during its National Hearing Week have greatly increased public recognition of the handicap resulting from loss of hearing. In 1945 the Society conducted an employment survey to ascertain the effect of hearing loss on employment and to secure data on accidents and employment insurance. The findings were published in the Society's official organ, *Hearing News*, in March, April, and May, 1946.¹

In 1945, 44 states reported hearing tests of school children, ranging from 93 children tested in one district in West Virginia to 728,958 children in 321 districts in New York. The discovery of hard of hearing school children does little good unless there is a prearranged program of medical and educational follow-up. In the 1945 survey² reported by the American Hearing Society, 2,490,314 children were tested; 112,304 were found to have defective hearing, but only 21,497 were being given lip-reading instruction.

Public health departments are showing greatly increased interest in hearing conserva-

¹ See Bluett and Hill, *infra*.

² See Gardner, *infra*.

The Deaf and the Hard of Hearing

tion. Oregon in 1940, Michigan in 1942, and California in 1943 employed hearing conservation specialists in their bureaus of maternal and child health. Another important development is the establishment of hearing clinics where individuals may go to receive advice and select hearing aids without pressure or prejudice. These centers are maintained under various auspices — schools for the deaf, organizations for the hard of hearing, universities, or hospitals. There is a growing trend toward the establishment of speech and hearing clinics in colleges and universities. Western Reserve University recently opened a Department of Hearing and Speech Therapy. Columbia University, Northwestern University, the University of Southern California, and many state universities and teacher-training colleges offer courses in the field of deafness, either during their summer sessions or as part of the regular curriculum.

The Army and Navy programs for deafened servicemen included well-equipped research and education centers where thousands of men who lost hearing during service or prior to induction received medical aid and rehabilitation, including lip-reading lessons, acoustic education, voice training, and the provision of hearing aids. Much of this work was curtailed at the end of the war, but a new, permanent hearing center is being planned for the Army Medical Center at Forest Glen, Md. The Aural Rehabilitation Unit at the Navy Hospital in Philadelphia is being continued.

The Office of Scientific Research and Development at Harvard University has initiated various programs that are being continued. Experiments in phonetics and in selective amplification are helping to improve hearing aids. "Visual speech," the automatic representation of speech sounds by visible symbols, has been developed at the Bell Telephone Laboratories.

In the field of medical research, fenestration surgery has received much publicity. This operation, which undertakes to open a new channel for sound to the inner ear, has been brilliantly successful in some cases but very disappointing in others. It is not possible as yet

to know in advance which cases may be successful.

The increased opportunities for employment that the war brought to the hard of hearing have resulted in permanent gains in some directions; and the growing public awareness of the problems of deafness, as well as the greatly expanded research programs, seem to bear definite promise both for the prevention of deafness and the opening of new opportunities to individuals faced with loss of hearing.

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HARRIET MONTAGUE

DISASTER RELIEF. A disaster may be defined as any situation, usually catastrophic in nature, in which numbers of persons are plunged into helplessness and suffering and as a result need food, clothing, shelter, medical care, and other basic necessities. When distress is caused by economic maladjustments resulting from the hazards of industry and agriculture, governmental as well as voluntary action is required. Relief in these latter situations, while dealing with mass distress, is not considered here as disaster relief.

The fundamentals of effective disaster relief are knowledge of the problems involved, advance planning, adequate finances, and a nation-wide organization.

During the past sixty years a vast amount of disaster relief experience has been accumulated. Developments have kept pace with improvements in health and welfare standards, with the result that disaster relief is now recognized as a service with standards and practices that compare favorably with those in other fields of social work.

Up to the end of the nineteenth century disaster relief consisted largely of giving food, clothing, and medical supplies to hastily appointed local committees for distribution on a mass care basis. Early in the present century the concept of giving relief on an individual family basis was developed in the field of disaster relief and was termed "rehabilitation" as distinguished from mass care. Procedures for determining each family's needs were developed and uniform policies established.

By 1920 disaster relief had emerged as a twofold service; with an emergency phase immediately after the disaster during which mass care predominated, followed by a rehabilitation phase during which each family was

aided on an individual basis. On these foundations the principles and practices of sound rehabilitation techniques have since been erected.

The great expansion in the fields of public health and welfare during the past twenty-five years has had a significant effect on disaster relief. This has opened up many governmental resources to those affected by disasters. Such benefits as aid to crippled children, old age assistance, workmen's compensation, and vocational training are now available from governmental sources for eligible disaster sufferers. This has meant a corresponding reduction in the services of disaster relief and in relief costs for these purposes.

Red Cross Responsibility

The congressional charter of the American National Red Cross directs the organization "to continue and carry on a system of national and international relief in time of peace and to apply the same in mitigating the suffering caused by pestilence, famine, fire, flood, and other great national calamities." As a result of carrying out this charter responsibility, the Red Cross is accepted as the agency having primary responsibility for coordinating and directing the sympathies and resources of the nation when such emergencies occur. The quasi-governmental status of the Red Cross assures its support in time of disaster by governmental agencies, yet leaves it free to function as a voluntary agency financed wholly through private contributions.

Through its local chapters (of which there were 3,754 with 5,578 branches throughout the country in 1946) the agency is able to take immediate action and inaugurate prompt relief measures when disasters strike. Relief operations are organized on a community, county, state, or regional basis depending on the extent of the territory affected. From its headquarters in Washington and its five area offices, the national organization assists chapters by providing personnel, supplies, and funds. In case of a major disaster the national organization usually sets up one or more field offices and assumes direct charge of relief operations.

Preparedness Activities

Experience has shown that through the development of adequate preparedness plans much can be done to reduce the destruction and suffering resulting from disasters.

The preparedness organization is built around a small permanent staff of experienced disaster relief workers. When not assigned to disasters, these staff workers are conducting research into relief methods and teaching staff members of the national organization, the chapters, and other social and health agencies the techniques of disaster relief. All employees of the national organization are available for assignment in the event of a major catastrophe. In addition, a reserve staff is available on loan to the Red Cross through understandings with other social agencies.

The national organization also conducts those phases of disaster preparedness that by their nature must be handled on a national or regional basis. This includes (a) maintaining daily contact with the United States Weather Bureau and other federal agencies for the purpose of making available to its chapters advance information concerning threatened floods and hurricanes, (b) dealing with well-defined hazards extending beyond individual chapter boundaries, such as the hurricane area in Florida and the flood areas in the Ohio and Mississippi Valleys and elsewhere, (c) furthering the cooperation of other agencies through formal and informal understandings, (d) conducting institutes for national and chapter workers and staffs of other agencies, and (e) preparing and issuing instructional material on disaster policies and practices. During 1945 the national organization completed a course of instruction on disaster relief administration, given at the New York School of Social Work. It is planned to give this course later at other social work schools.

Upon each chapter is placed the responsibility of organizing and maintaining a committee on disaster relief with appropriate subcommittees composed of qualified local personnel. The functions of such committees include (a) surveying disaster hazards, (b) enlisting local resources, personnel, equipment, and supplies, (c) securing cooperative understand-

ings with local governmental and voluntary agencies, and (d) developing an organization and method of procedure ready to operate immediately upon occurrence of any emergency.

During recent years this preparedness planning, particularly in the Ohio and Mississippi Valleys and on the Gulf and Atlantic Coasts, has resulted in a gratifying decrease in deaths and injuries from floods and hurricanes. It has meant also smaller losses of furniture, livestock, and other personal possessions because of the advance warnings made possible as a part of the preparedness planning.

Relief and Rehabilitation

Disaster relief as undertaken by the Red Cross is based upon the following policies: (1) Assistance is given to disaster sufferers only and deals only with problems created or aggravated by the disaster. (2) Assistance is based on need and not loss. Families are expected to use their actual and potential resources in meeting their needs. (3) Assistance is extended without political, religious, or racial considerations. Delinquency, immorality, and other deviations from accepted standards of conduct are not considered sufficient grounds for withholding assistance. (4) Loans are not made. Assistance is given outright without any obligation of repayment. Aid is given in whatever form will contribute most effectively to rehabilitation in accordance with the predisaster standards of the family. (5) Assistance is given on an individual family basis. Mass relief is given during the immediate emergency but is terminated at the earliest possible moment. Rehabilitation aid, determined by family case work processes, is given on the basis of the needs of each family. (6) Cash grants are given when the facts indicate conclusively that this is the best way to help the family. (7) Case records, and information as to assistance given families, are confidential. (8) Medical aid supplements the work of governmental and voluntary health agencies and the medical and dental professions. (9) Whenever possible, orders for supplies are placed with local merchants, for in this manner both the family and the merchant — the

Disaster Relief

latter is often a disaster sufferer also — are assisted, and the whole community benefited. (10) Commerical and industrial concerns are not assisted directly. Neither is assistance given to educational, religious, social, or charitable organizations. (11) Supplies are never confiscated nor services commandeered. (12) Responsibility is not assumed for governmental functions, federal, state, or local.

In each disaster an early understanding is reached with other agencies on the proper division of responsibilities. Generally the Red Cross assumes the temporary care of families not on agency rolls and deals with the rehabilitation problems of all families applying for Red Cross aid. Families receiving relief from governmental and voluntary agencies continue in that status unless for financial or other reasons the agency is unable to meet the needs and requests the Red Cross to do so. In short, problems arising from the disaster are dealt with by the Red Cross while predisaster problems continue to be met by the established agencies of the community.

Rehabilitation, in disaster relief, is the body of social work policies and practices by which the needs of families are determined and plans developed for meeting those needs on an individual family basis. Rehabilitation assistance may include the repair and rebuilding of homes; the providing of household furnishings, clothing, medical, dental, and nursing care, farm supplies and equipment, livestock and poultry, occupational training, equipment and supplies; and long-time maintenance care.

Relief operations following disasters could not be carried on successfully without the cooperation of many governmental and voluntary agencies which for years have made available to the Red Cross large-scale services, facilities, and supplies. The Red Cross has formal or informal understandings along this line with the Army, Navy, Coast Guard, Weather Bureau, Civilian Production Administration, United States Public Health Service, Farmers Home Administration, Department of Agriculture, Reconstruction Finance Corporation, American Medical Association, American Dental Association, and many others. Similarly chapters have formal and

informal understandings with local governmental and voluntary health and welfare agencies.

Red Cross disaster relief activities are financed through contributions made at the time of the disaster and from the general revenues of the agency secured through its annual membership campaigns. Over \$100,000,000 has been expended for disaster relief in this country since the close of the first World War.

During the sixty-five years of its existence the Red Cross has extended assistance in over 3,300 disasters in this country. The number of disaster relief operations in the past five years has averaged 228 per year. During the year ending June 30, 1946, relief operations were conducted following 271 disasters, 136,671 persons were given emergency or rehabilitation assistance, and relief expenditures amounted to approximately \$1,469,670.

Disasters occur in all sections of our country. No state is immune, and relief operations have been carried on in over two-thirds of our 3,050 counties. Disasters do not respect geographical or political boundaries and, except in the case of fires and explosions, are seldom confined to local communities.

The change in economic conditions since the beginning of World War II is reflected in disaster relief statistics. Widespread employment and high wages have meant that more resources were available to families for their own rehabilitation. The number of families who apply for rehabilitation aid compared with the total number affected is much less. Rehabilitation costs per case, however, have increased greatly due to the higher costs of building material, labor, household goods, and other necessities.

While it is recognized that many types of disasters such as tornadoes and hurricanes cannot be prevented, much can be done to reduce the destructive effects of disasters. In 1945 a nation-wide campaign for forest fire prevention was inaugurated in conjunction with the United States Forest Service. Research is being conducted in cooperation with scientific and other organizations with a view to assembling and making available to local communities appropriate information as to

how to reduce the destructive effects of disasters.

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COLIN HERRLE

EDUCATION FOR SOCIAL WORK¹ in this country has, over a period of fifty years, gone through stages in development similar to those in medicine and law. With these professions, it has come to relinquish apprenticeship as an outmoded form of preparation for practice, replacing it with full-time education in professional schools. Programs of in-service training and staff development in both governmental and voluntary agencies, containing within them plans for educational leave, are regarded today as supplementary to and not as a substitute for professional study. The insistence of social agencies upon such preparation for positions requiring professional competence increased during World War II, largely because of appreciation of the skills demonstrated during this period. The shortage of fully prepared workers has further emphasized the need for them if a high standard of service to people is to be maintained. See SOCIAL WORK AS A PROFESSION.

The first move away from apprenticeship

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

as preparation for social work came in 1898 when a six-week summer institute was offered in New York City for social workers from all parts of the country. This institute was sponsored by the Committee on Philanthropic Education of the then Charity Organization Society (now the Community Service Society of New York City). From this beginning the New York School of Philanthropy, later to become the New York School of Social Work, emerged. In Boston, St. Louis, Chicago, and Philadelphia, similar early series of lectures or courses offered by social agencies developed between 1904 and 1910 into the schools now known respectively, as Simmons College School of Social Work, the George Warren Brown School of Social Work of Washington University, the University of Chicago School of Social Service Administration, and the Pennsylvania School of Social Work. In 1919 the American Association of Schools of Social Work was formed with 17 charter members.

It was the initiative of practicing social workers and not the insistence of universities or other educational bodies which launched early efforts at formalization of education for social work. Later the various social science departments in the undergraduate colleges took an active part in sending their graduates into the field, and in welcoming the first social service units of instruction into their ranks. In the early days, social agencies often financed salaries of instructors in such departments, lent staff for teaching, and sometimes paid students to work in their agencies, calling it "field work" but requiring the student to carry responsibilities similar to regular staff members. The agencies frequently insisted, also, that separate units of courses be retained for workers who were eventually to be employed by them. They had practical reasons for their investment in professional education for them, too, had staff shortages and were coming to see the weakness of instruction on the job. However, many of those pioneers had other and stronger motives. They recognized the nature of the demands social work was to make on its practitioners, grasped its professional character, and per-

Education for Social Work

ceived that the core of knowledge and skill which they had built up was generic to practice anywhere. They realized that it need not be duplicated in separate units of instruction for different fields or different agencies, but could be given to all who were to be professional social workers. They also considered it to be their responsibility to advance professional knowledge by scholarly methods of testing, validating, and communicating, and also by discovering new areas for improvement and advance, which could best be done under educational auspices.

Gradually the agencies succeeded in convincing the universities that social work is essential to human welfare, that it requires a high degree of competence in performance, and that it has a body of knowledge and practice which can be taught. Once the universities took over the schools of social work, first in departments or divisions, then in autonomous professional schools, professional education had passed its first important milestone.

Social agencies, instead of continuing to pay apprentices low salaries, came to see the wisdom of providing fellowships and scholarships for those in whose professional training they wished to invest. Salaries increased as an acknowledgment of the fact that fully prepared workers had a commensurate service to offer. Agencies became willing to provide opportunities for a different type of field work practice than had been available in the past. What the student learned from his field work, and its relation to the classroom content, resulted in the work load being reduced to something educationally manageable. At the same time, agencies, in their plans of educational leave, recognized that workers who were partially prepared should complete their field work training under new and different auspices.

American Association of Schools of Social Work

The incentive for unifying the profession under one educational discipline came with the establishment in 1919 of the American Association of Training Schools of Social Work (later the American Association of

Schools of Social Work). Prior to this the schools had only a loose association by correspondence. Their purposes in forming the Association were to create a channel of communication, to discuss problems common to education for social work, to undertake experiments, and to share knowledge and conviction.

The first basic minimum curriculum was established in 1932 after twelve years of working together and testing out basic material. While at first this curriculum was required for new schools seeking admission to the Association, by 1934 the standards applicable to new schools were made binding upon all member schools. In 1938-1939 the Association made the requirement that all member schools should operate on a graduate level for professional education. The Association has become the accrediting body recognized by universities and colleges.

Full-time paid professional secretarial staff since 1935 has enabled the Association to help in the development of new schools as well as to aid member schools in their growth. The Association works closely with other organizations, such as the American Association of Social Workers, American Association of Psychiatric Social Workers, American Association of Medical Social Workers, American Association of Group Workers, National Association of School Social Workers, Federal Security Agency, and the national functional agencies, to improve the quality of professional education and to increase the supply of social workers.

Requirements for membership in the Association include a minimum curriculum; a faculty qualified both academically and professionally; a program planned and directed toward fulfillment of requirements leading to a certificate or degree through continuous and sequential full-time study; affiliation as an autonomous unit within a college or university accredited for graduate work; and a director qualified to give leadership and to exercise control over standards of admission, library, choice of faculty, content of curriculum, recommendation of students for

graduation, and so forth.¹ A school is also judged by the variety and quality of its field work opportunities, by its research and publications, and by the performance of its graduates. The total pattern of a school determines its quality more than the omission or enrichment of a single element; and by this is meant integration of faculty, students, courses, and agencies within the school, and integration of the school within the university.

In August, 1946, the American Association of Schools of Social Work had 47 member schools. From six states, notifications had been received that other schools seeking to qualify for membership were about to be organized. In five of these states no such school had previously existed. Thirty-nine of the member schools offer a two-year program, leading to a professional master's degree, while eight offer the first year of the two-year program. The majority of the schools are on the semester system; a few are on the quarter system. Tuition varies from \$110 to \$600 a year.

ASSOCIATION SCHOOLS

Note: In the following list the first year in parentheses is the date of founding, the second year is the date of admission to the Association, and "C. M." indicates that the school was a charter member of the Association at its organization in 1919. One-year schools are indicated by asterisks. Those schools which have a specialized program approved by the American Association of Medical Social Workers are designated by an "M," and those approved by the American Association of Psychiatric Social Workers by a "P."

1. Atlanta University, School of Social Work (1920; 1928). Master of Social Work; diploma.
2. Boston College, School of Social Work (1936; 1938). Master of Social Work. M
3. Boston University, School of Social Work (1936; 1939). M.S. in Social Service. P
- 4.* British Columbia, University of, Department of Social Work, Vancouver (1942; 1946). Certificate.
5. Bryn Mawr College, Carola Woerishoffer Graduate Department of Social Economy and Social Research (1915; C.M.). M.A. in Social Economy; Ph.D. M
6. Buffalo, University of, School of Social Work (1931; 1934). Master of Social Service; certificate.
7. California, University of, School of Social Welfare, Berkeley (1919; 1928). Master of Social Welfare. M, P
8. Carnegie Institute of Technology, Department of Social Work, Pittsburgh (1914; C. M.). Master of Social Work.

9. Catholic University of America, School of Social Work, Washington, D.C. (1935; 1937). M.S. in Social Work; Doctor of Social Work. P
10. Chicago, University of, School of Social Service Administration (1901; C. M.). M.A.; Ph.D. M, P
11. Denver, University of, School of Social Work (1930; 1933). M.A.
12. Fordham University, School of Social Service, New York City (1916; 1929). M.S. in Social Service; diploma. M
- 13.* Hawaii, University of, School of Social Work, Honolulu (1940; 1942). Certificate.
14. Howard University, Graduate School of Social Work, Washington, D.C. (1936; 1940). Master of Social Work.
15. Illinois, University of, Curriculum in Social Welfare Administration, Urbana (1944; 1946). Master of Social Work.
16. Indiana University, Division of Social Service, Indianapolis (1911; 1923). M.A. in Social Service.
- 17.* Louisiana State University, School of Social Welfare, Baton Rouge (1937; 1940). Certificate.
18. Louisville, University of, The Raymond A. Kent School of Social Work (1935; 1937). M.S. in Social Administration; certificate. M
19. Loyola University, School of Social Work, Chicago (1914; 1921). Master of Social Work.
20. Michigan, University of, Institute of Social Work, Detroit (1921; 1922). Master of Social Work.
21. Minnesota, University of, School of Social Work, Minneapolis (1916; C. M.). M.A. in Social Work; Ph.D.; certificate. M, P
22. Montreal School of Social Work of McGill University (1919; 1924; withdrew 1932; readmitted 1939). Certificate. M
23. Nashville School of Social Work (1942; 1945). M.S. in Social Work.
24. National Catholic School of Social Service, Washington, D.C. (1921; 1923). M.S. in Social Work; diploma. M
25. Nebraska, University of, Graduate School of Social Work, Lincoln (1937; 1940). M.S. in Social Work; certificate.
26. New York School of Social Work, Columbia University (1898; C. M.). M.S.; professional certificate. M, P
27. North Carolina, University of, Division of Public Welfare and Social Work, Chapel Hill (1920; 1920; withdrew 1932; readmitted 1936). M.S. in Social Work; Ph.D.; certificate.
28. Ohio State University, School of Social Administration, Graduate Program, Columbus (1916; C. M.). M.A. in Social Administration; Ph.D.
- 29.* Oklahoma, University of, School of Social Work, Norman (1936; 1938). Certificate.
- 30.* Our Lady of the Lake College, Graduate School of Social Service, San Antonio (1942; 1945). Certificate.
31. Pennsylvania School of Social Work of the University of Pennsylvania, Philadelphia (1908; C. M.). Master of Social Work; certificate. P
32. Pittsburgh, University of, School of Applied Social Sciences (1919; 1919; withdrew 1922; readmitted 1934). M.S. in Social Administration; Doctor of Social Administration. M, P

¹ See *Manual of Accrediting (infra)*.

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33. St. Louis University, School of Social Service (1930; 1933). M.S. in Social Work.
34. Simmons College, School of Social Work, Boston (1904; C. M.). M.S. M, P
35. Smith College School of Social Work, Northampton (1919; C. M.). Master of Social Science. P
36. Southern California, University of, Graduate School of Social Work, Los Angeles (1920; 1922). Master of Social Work; graduate certificate. M
37. Toronto, University of, School of Social Work (1919; 1919; withdrew 1928; readmitted 1939). Diploma.
38. Tulane University, School of Social Work, New Orleans (1927; 1927). Master of Social Work. M, P
- 39.* Utah, University of, School of Social Work, Salt Lake City (1938; 1940). Certificate.
- 40.* Washington, State College of, Graduate School of Social Work, Pullman (1938; 1942). Certificate.
41. Washington, University of, Graduate School of Social Work, Seattle (1934; 1934). Master of Social Work. M
42. Washington University, The George Warren Brown School of Social Work, St. Louis (1925; 1928). Master of Social Work. M, P
43. Washington University, The George Warren Brown School of Social Work, Kansas City Branch (1938; 1938). Master of Social Work.
44. Wayne University, School of Public Affairs and Social Work, Detroit (1937; 1942). Master of Social Work.
- 45.* West Virginia, University of, Department of Social Work, Morgantown (1939; 1942). Certificate.
46. Western Reserve University, School of Applied Social Sciences, Cleveland (1916; C. M.). M.S. in Social Administration; third year certificate. M, P
47. William and Mary, College of, Richmond School of Social Work (1917; C. M.). M.S. in Social Work.

Among the 47 members there are 41 schools, four departments, and two administrative divisions. Fifteen of the members are affiliated with state or territorial universities and colleges; seven are under religious auspices. Three Canadian schools and one Hawaiian school are included. Two, Atlanta and Howard, are for Negro students exclusively. There is an informal affiliation between the Association and the recently revived International Association of Schools of Social Work, and a less formal but closer affiliation with similar schools in Central and South America.

Postwar Enrollment

On November 1, 1945, there were 7,972 students enrolled in schools of social work, which was 435 more than the 7,537 enrolled

on November 1, 1944. The number of students specializing in social work (not including those in extension courses) increased from 4,715 in 1944 to 5,011 in 1945, and the increase has been almost entirely in the number of full-time students. The total number of students enrolled in the school year 1944-1945 was 13,387; in 1943-1944, it was 10,921. The 1944-1945 figures for men students showed an increase from 627 in 1944 to 746 in 1945. Of veterans enrolled, the largest number have entered since these statistics were issued and one large school reports an enrollment of 125 veterans for the fall quarter of 1946.

Only eight schools had more than 100 full-time students on November 1, 1945, 12 had less than 100 but more than 50, and 26 had 50 or less. With respect to their *total* enrollment, including part-time students, four schools had more than 200 students and 16 others had more than 100. One of the factors which limits the total enrollment of schools at any one time is the availability of field work facilities.

During the academic year 1944-1945, a total of 1,080 degrees, diplomas, or certificates were awarded to students in schools of social work. It is expected that this figure will increase as agencies permit students to complete the research requirement before undertaking employment.

A total of 1,431 students were receiving scholarship assistance in 1944-1945, and of these, 872 were from government or voluntary welfare agencies. Among them were 83 on work-study fellowships, 287 on educational leave fellowships, and 499 on recruiting fellowships.

Curriculum

Education for social work has the dual purpose of developing a professional personnel and of advancing professional knowledge.¹ Early attempts at formalizing curriculum content took into account the necessity not only for intensive technical training but also for a broad philosophical base. The first stage in curriculum progress was achieved in 1932 with the statement of the basic minimum cur-

¹ See Day, *infra*.

riculum. Thirteen subjects were listed, requiring twenty semester hours or thirty quarter hours to be completed within one graduate year of study. One group of courses consisted of case work, medical information, and psychiatric information, and were required of all; and additional courses were grouped according to one basic subject, with one or two courses in each group being required to give range and balance of subject matter.

The second stage was reached in 1937, when the two-year curriculum was placed at the post-baccalaureate level. The reason for insistence on completely graduate work was the necessity felt for provision of a broad cultural and humanistic preparation in undergraduate studies to insure the student proper groundwork on which to build advanced technical and professional courses. In spite of doubt as to the ability of the profession to sustain this level of education, the standards have stood up surprisingly well for ten years without any major challenge to their validity, and the employing agencies have been among the staunchest supporters of this level of preparation.¹

Since 1932 some phase of curriculum study has gone on continuously within the Association. Emphasis has been placed on the development of generic case work content, an understanding of the physical and emotional make-up of individuals, community organization, administration, and public welfare.

A study undertaken by the Association in 1938, financed by the Rockefeller Foundation and culminating in a publication entitled *Education for the Public Social Services (infra)*, inquired into the place of the schools in preparation of personnel for the social security agencies. This study emphasized the need for broadening the curriculum and for more leadership in content planning to come from the field of practice.

A next step was a Curriculum Committee study which, starting in 1941, eventuated with a report that abandoned the old form of minimum curriculum and divided the content into eight basic content areas or fields of knowl-

edge. This curriculum, accepted as essential by the schools in 1944, names as the "basic eight" the following content areas: social welfare administration, social case work, social group work, community organization, social research, medical information, public welfare, and psychiatric information.¹ Each of these areas serves to pull together into a unit, content previously scattered throughout courses under many titles, and to enrich and expand this content.

Many advances in knowledge and practice influenced the individual schools to make changes even before the recommendations of the Association were put into effect. These included movements concerned with mental hygiene, psychiatry, and psychoanalysis; public health and medicine; labor; efforts to meet mass need in a depression economy; service to a displaced population in a war economy; protective programs of social security and social insurance; and intercultural and interracial progress. The use of social work in new settings — the armed forces, government hospitals, industry, labor unions, new agencies of community planning, housing administration, and employment and other public social services — has brought considerable pressure on the schools to integrate content from the social sciences into the professional curriculum, in order that workers may be broadly prepared for their new responsibilities.

The curriculum has therefore, in moving to a broader professional base, "courted at the same time the dangers of being so varied and comprehensive as to make it difficult to achieve professional competence of a high order in any one direction."² Overconcentration on narrow specialties, on the other hand, works against the tendency toward unity of social work content. The drive for specialization has come partly from the social worker's need to find intensity of application in the mastery of a particular discipline and partly from the old apprenticeship attitude of training for the work of a particular agency. Decisions must be made as to how much generic and how much

¹ See Hathway, *infra*.

² See Day, *infra*.

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specific content should go into the basic curriculum, and how much time should be given to each. There is a tendency to set up majors with constellations of courses, and sequential gradation into units of succeeding difficulty, rather than to have too narrow focusing upon a single field. Separate courses in administration in these fields may be developed, and much of the specialized content may come to be acknowledged as basic material. At this time it can only be said that the trend seems to be toward an honest re-examination of the problem, and a desire to retain the thoroughness and carefulness of preparation characteristic of specialization, by better integration and more advanced content during the entire two years of study, and perhaps during a third year of internship, which has not yet been generally accepted as essential.

It is expected that instruction in administration will be given first in basic courses, then in requested advanced courses for those in executive positions. Supervisory content is already well developed and utilized for the advanced practitioner. Preparation for administrative and social planning positions must be preceded by general social work education on the two-year level, followed by a synthesis on a postgraduate level after a period of work experience. It is believed that administration cannot be separated from the function of social work, and that education for it should be developed with active participation from the field of practice. *See ADMINISTRATION OF SOCIAL AGENCIES AND COMMUNITY ORGANIZATION IN SOCIAL WORK.*

In general the interpretation of social work, which has lagged behind other advances in the profession, has not been taught in most schools of social work in any comprehensive way. Recently, the lag is being overcome to some degree by the introduction of such material into basic courses, the offering of specialized content in publicity, social work writing, and public relations, and by field work practice. *See PUBLIC RELATIONS AND EDUCATION IN SOCIAL WORK.*

Another method of meeting this demand for wider understanding and participation has been by opening the doors of the schools to

persons outside the professional group. One school in its 1946 announcement listed institutes for workers in social security, superintendents and assistant superintendents of children's institutions, board members, rural workers, vocational guidance leaders, those teaching pre-social-work courses, and leaders in youth work. Such efforts have made social work methods and content better understood and available to other professions and to related services.

The philosophical emphasis in the curriculum has changed from a rather narrow concentration on service to "groups"—the dependent, defective, delinquent, ill, aged, underprivileged—to the concept that social work serves people in every social and economic stratum of society. One of the evidences of the workings of democracy in the curriculum has been the increase of courses in intercultural relations. The growing interest of social workers in the people of other nations has resulted in a postwar plan for wider interchange of students with foreign countries.

Probably one of the next steps forward in curriculum building will come when more attention is given to the education of persons to teach in schools of social work. This preparation may consist of a third year synthesis of courses with opportunities to teach under assistantships or research fellowships. Such aid may be granted to advanced students who have had a period of practice in the field and have shown suitable qualifications. The move toward establishing the doctorate in social work is also imminent. At the same time, it is expected that there will be a development of new materials for teaching, particularly in the fields of public welfare, community organization, and research. There will also be progressive need for teaching materials in all the practice courses and from the new settings in which the practices are introduced.

Courses in Research

Research is usually incorporated into the curriculum under such course titles as "statistics" or "social research." For the dissertation requirement, a total of at least two hundred hours of individual work is recommended.

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The purpose of the courses is threefold: (a) to introduce research as a method which is generic to all social work and which all social workers use and interpret; (b) to teach it as a means whereby the purpose of social work may be realized in better service to people and better coverage of needs; and (c) to make it contribute to the development of an inquiring and challenging habit of mind in the student. Scholarships for advanced study in research are one of the big needs of the field today. Some of the schools are publishing scholarly quarterly journals. *See RESEARCH AND STATISTICS IN SOCIAL WORK.*

Field Work

The importance of field work as a part of the curriculum has always been stressed by the schools of social work. Such field work, preferably given simultaneously with courses and related to them, provides the student with an opportunity to bring together what he is learning in a helpful service to people, and to acquire a professional discipline in which he consciously strives to maintain standards of excellence in performance.

During the war, trained supervisory staffs dwindled and experienced personnel was lacking to take care of the numbers of students the schools wished to place in field work. Curtailment in enrollment necessarily followed. While staffs of public agencies showed great willingness to take on extra burdens to enable students to come for field work, the executives found it difficult to obtain from public officials recognition for the worth of student training to the community, in terms of increased salary, status, or lightened work load of supervisors. Recently, under the auspices of the American Association of Social Workers, national agencies have come together to consider means whereby present field work placements can be expanded, how new and different field work can be secured, and how communities at some distance from accredited schools can be utilized by them.

It has been the practice of many schools to try to meet the need for field work opportunities by underwriting the expense of a portion of the supervision, either by undertaking it

directly or by paying agency staffs. However, supervision in field work placements is still largely contributed by social agencies. Mutual benefits have been gained by the production of field work manuals created by both school and agency; by methods of evaluation of the student's progress in terms of what is expected of him in different types of placements and at different stages in his progress; and by courses and institutes in supervision.

One large school lists in its announcement that in addition to offering traditional placements in family, child protection, medical, psychiatric, and group work agencies it is prepared to provide special settings to meet the needs of advanced students who come particularly with the desire to improve their administrative and planning skills. It has made field work placements with labor unions, department stores, citizens' committees, industrial plants, housing corporations, and social work publishers. The majority of field work placements, however, are still in social case work and social group work agencies. *See SOCIAL CASE WORK and SOCIAL GROUP WORK.*

Pre-Social-Work Education

The member schools of the American Association of Schools of Social Work have come to require candidates for admission to be persons who have been prepared on the undergraduate level through adequate instruction in the social sciences. They have recommended that forty to sixty of the one hundred and twenty hours normally required for a baccalaureate degree be devoted to such pre-social-work studies, including courses in sociology, psychology, economics, political science, government, anthropology, or history. They have also recommended that pre-social-work education on the undergraduate level include a maximum of 10 points in social work or professional courses: for example, introductory courses in public welfare, public health, and medical programs; child welfare and labor problems; the family; the community; social hygiene; and human behavior; and general methods courses applicable to several disciplines, such as statistics, report writing,

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and arts and crafts. It has been generally agreed that the practice courses and courses in medical and psychiatric information, social research, social administration, and field work should be reserved for graduate study, and that courses in the graduate curriculum in child welfare and in labor, for example, should have a technical character.

The Association's committees have been at work on these questions for a period of ten years. In 1945-1946 the Field Foundation made a six-month grant which has permitted further study by the Association of the desirable undergraduate content and has also made possible field visits to the undergraduate colleges and universities which have asked for advice in building their pre-social-work curricula. In this study, preparation for social work has been viewed as one continuous preparation, beginning in the undergraduate years and built upon a broad preparation in liberal arts and the humanities. The goal, as Karl de Schweinitz has stated it, is "basic knowledge taught in such a way as to stimulate those qualities and characteristics in men and women from which come intellectual vigor, broad human sympathy and constructive imagination."¹ It is believed that students thus broadly prepared will be better fitted to go immediately into operating positions in the public social services than if they have received too narrow a vocational emphasis, and that those wishing full professional status can later go on for study in the graduate schools. Here, differences of opinion have been the basis of much discussion.

National Council on Education for Social Work

The National Association of Schools of Social Administration offers in its member schools, which are chiefly affiliated with land grant colleges and state universities, a program that is chiefly undergraduate but which in some instances includes a fifth graduate year. This curriculum consists of a combination of social science and social work courses plus agency experience, with the objective of

preparing people to go immediately into social work. A development of considerable importance occurred in 1946 when the American Association of Schools of Social Work and the National Association of Schools of Social Administration accepted a plan for the establishment of a National Council on Education for Social Work. The decision to establish the Council was reached after a great deal of study by the American Association of Schools of Social Work and the National Association of Schools of Social Administration. The first meeting was held in August and was attended by representatives of the following organizations: nine from the professional organizations (five from the American Association of Social Workers and one each from the American Association of Medical Social Workers, American Association of Psychiatric Social Workers, National Association of School Social Workers, and American Association of Group Workers); eleven from educational organizations (five from American Association of Schools of Social Work, three from the National Association of Schools of Social Administration, and one each from the Joint Committee on Accrediting of the four university and college associations, the Association of American Universities, and the Association of American Colleges); and five from the public social services, to be named by the American Public Welfare Association. To this group were added at the first meeting of the Council the following: two from the National Social Welfare Assembly; two additional from the National Association of Schools of Social Administration; and ten from the field at large, including members of social science faculties and lay people well informed about social work.

The functions of the Council include the following:

1. The establishment of a temporary commission on education for social work, broadly representative of the field of education, practice, and related interests, to make a long-range study of the content and methods of existing undergraduate and graduate education for social work and the extent to which such education prepares and might prepare for the

¹ See de Schweinitz, "Education for Social Security," *infra*.

present and emerging needs of the field.

2. The definition of the content of education for social work so that agreement can be reached among educational organizations and so that one accrediting program for social work can be developed with the machinery for carrying it forward.

3. The immediate establishment of machinery for continuous collection of data on personnel needs in social work and the quantity and distribution of educational facilities. Such data would provide the basis for action stimulating the expansion of our educational facilities.

4. The development of methods of closer cooperation in the activities now carried on by the two educational organizations and other interested groups. The Council would provide the machinery for discussion of common educational problems, such as the study of the standardizing of examinations for transfer of credit between accredited and nonaccredited institutions, the development of teaching personnel for schools of social work, the provision of scholarships and fellowships for social work faculty and students, and the increase of financial resources for social work education. Social work hopes to find in the newly launched Council a medium whereby unity in an educational plan can be effected and the profession brought to organize itself around one educational discipline.

The Field of Practice and Professional Education

The National Conference of Social Work was one of the first agencies to give impetus to the formalization of professional education for social work. See CONFERENCES OF SOCIAL WORK. The Family Service Association of America, the Child Welfare League of America, and other functional agencies have unswervingly supported the plan of full-time graduate preparation. By requiring a certain amount of technical education in an approved social work school for membership, the American Association of Social Workers since 1933 has greatly accelerated the development of the schools. Today the Association has an active committee on education which is recruit-

ing students through a nation-wide plan of interpretation; helping its chapters to aid new schools and to provide scholarships; distributing information about standards for education and criteria for establishing new schools; providing staff service to the National Council on Education for Social Work and the National Committee on Personnel in the Social Services¹; and calling agencies together to make studies of the field of practice which can be used as teaching materials, as well as to find means for providing more facilities for schools.

During the recent war the American National Red Cross provided scholarships and subsidized schools to prepare students for home service and for psychiatric and medical social work. Nearly 600 one-year fellowships were granted in the year 1944-1945. A modified fellowship program is continuing in 1946-1947. Between the years 1942 and 1946, the American National Red Cross granted 972 fellowships, including 432 in home service and 540 in hospital service.

Many governmental agencies have followed the example set by the Federal Emergency Relief Administration in the depression period, by sponsoring programs of educational leave, with or without salary, for periods of study in the schools of social work. The Bureau of Public Assistance and the Children's Bureau, both of the Federal Security Agency, have, through their Advisory Committee on Training and Personnel, made an important contribution in defining their own needs in terms of what should go into preparation for practice in the public agencies.

During the war, the work of the Wartime Committee on Personnel in interpreting social work to the armed forces, the War Manpower Commission, and other groups, laid the groundwork for arousing the interest of the veteran in social work as a profession. The primary objectives of the Committee have been

¹ Known during the war years as the Wartime Committee on Personnel, this Committee consists of representatives of the American Association of Group Workers, American Association of Medical Social Workers, American Association of Psychiatric Social Workers, American Association of Schools of Social Work, American Association of Social Workers, and the National Association of School Social Workers.

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to increase the supply of trained personnel in the social services, and to improve the standards of practice and of education by definition, interpretation, and action.

Outlook

It is predicted that the social work practitioner of the future will take a more active part than hitherto in securing adequate financing for professional education. The schools of social work will, it is expected, reflect more and more the scholarly character of their university auspices, with increasing emphasis upon careful admission requirements, searching examination of candidates for the degree, and emphasis upon research. There will undoubtedly be greater interchange than heretofore between faculties of other university departments and the schools of social work. Attempts at defining, accrediting, and evaluating curricula will be unified as the various groups learn to work together for the improvement and extension of education for social work. The establishment of one professional master's degree and of a doctorate in social work may be an outcome of the next five years' developments. Increasingly scholarly publication and wider distribution of materials of professional education will be channeled into the hands of those asking for it at present and not knowing where to seek it. Research scholarships for advanced study will be sought from the foundations and community trusts, and from other interested groups. The National Council on Education for Social Work has proposed a study of education for social work, graduate and undergraduate, which is expected to disclose the inadequacy of present findings and to suggest means of providing more stable and consistent support.

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ANNA E. KING

EMPLOYMENT PLANNING. In recent years there have been revolutionary changes in our national thinking and action concerning the problem of employment and unemployment. Before the 1930's we dealt with the problem of unemployment primarily with palliative measures. Relief schemes of various types, emergency work programs, jobless compensation plans—these were the primary devices employed to carry a jobless worker and his

¹ For addresses of periodicals listed, see Appendix A.

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family during a period of economic slack. Unemployment had to "work itself out"; it was accepted as an inevitable concomitant of our competitive institutions. The "business cycle" followed its course of depression, recovery, boom, crisis, decline, and depression, and "planning" was largely confined to making provision for unemployment.

Two developments are responsible for shifting public emphasis from that of providing for unemployment to that of planning for employment. The first was the severity of the depression in the 1930's. The second was the achievement of full employment during the recent war.

At no time during the decade 1930-1940 were there less than 5,000,000 persons out of work, while at the low point in the depression the number of workers who were involuntarily idle was estimated at 15,000,000. Insecurity and fear affected the outlook of millions of families. Savings vanished, standards of living were reduced, and the economic status of professional workers and the self-employed, no less than that of the wage-earner, was seriously threatened. The bold measures that were taken to deal with the problem marked a radical shift in public policy. Political leaders and economists were convinced that in the face of mass unemployment the government should not play a passive role, waiting for the economic situation to correct itself. As a result the period was marked by the development of a voluminous literature on the control of unemployment and a large number of legislative proposals designed to project the federal government into the area of economic control. Mass unemployment was recognized as the outstanding economic problem of the nation.

Perhaps even more significant was the achievement of full employment during the war. For the second time in a quarter of a century, in both instances while the nation was at war, unemployment disappeared. Security of job became a reality. The national product increased to unprecedented size. The goal set by the National Resources Planning Board for a national income of one hundred billion dollars, which seemed fantastic in prewar days, was quickly surpassed. The full use of the na-

tion's physical and human resources made it possible to produce an annual income of 150 to 175 billion dollars and thus to raise the standards of living and increase the economic security of the entire population. Full use of resources meant rapid progress in banishing poverty and assured full employment of manpower.

Since this could be accomplished under the compelling necessity of war, can it also be done under conditions of peace? Is it possible to develop a peacetime substitute for the government's role in becoming the nation's biggest customer? If the government can create full employment for purposes of war, is it not equally justified in doing so in peacetime? These questions stimulated public discussion and led to serious inquiry both in England and the United States into the possibilities of formulating public policy to plan and to assure full employment.

The war not only put an end to the persistent mass unemployment of the 1930's; it greatly enlarged the labor force of the nation. To provide nearly 12,500,000 men and women for the armed forces, to supply them and the armies of our allies with war materiel, and to maintain the civilian economy at a necessary level of efficiency, nearly 7,000,000 "extra" workers entered the labor force. These included older workers who would ordinarily have retired, young men and women who in normal times would be in school, and women from the home. It was estimated by the War Manpower Commission that the nation's labor force, including those in the armed forces, exceeded 65,000,000 persons in July, 1945.

Demobilization and Reconversion

As the war drew to its close in 1945 it was estimated that the ensuing demobilization of some 9,000,000 to 10,000,000 ex-servicemen and their return to civilian life would create a civilian labor force larger than at any time during the war itself. Even with millions of war workers returning to school, to the home, or to retirement, it was thought that the postwar labor force would comprise 58,000,000 persons, as compared to only 46,000,000 in 1940 and 54,000,000 at the peak of war production.

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In discussing full employment, therefore, a goal of 55,000,000 to 60,000,000 jobs was set; and this appeared hard to reach even during any postwar boom that might develop.

Difficult problems of adjustment, both human and engineering, were anticipated in the reconversion period. Over 30,000,000 workers and servicemen had been directly engaged in war activities. More than 50 per cent of the national income had been devoted to the war effort. A sudden ending of the war, it was argued, was bound to dislocate the jobs and income of millions. Migration had affected vast numbers; how much remigration should be planned for? Many civilian commodities such as automobiles and radios were not being produced at all; how long would it take to reconstruct the plants that formerly produced them? What about retraining? Would the displaced munition workers get the peacetime jobs and leave the veterans, to be demobilized later, unemployed? How quickly would private demand take up the slack created by the cut in public spending? Predictions made by the Director of the Office of War Mobilization and Reconversion in the quarterly *Reports* to the President and the Congress, *infra*, as well as by other government agencies, forecast serious reconversion unemployment involving from 4,000,000 to 6,000,000 workers.

The progress of reconversion happily exceeded the expectations of the planners. Although labor disputes slowed up the speedy reconversion of many industries such as automobiles and electrical appliances and reduced production of coal and steel, reconversion of the wartime economy to peacetime production proceeded more rapidly than was anticipated. By July, 1946, according to the United States Department of Commerce *Monthly Report on the Labor Force*, the total number of persons employed reached the unprecedented total of 58,130,000. This did not include the 2,640,000 still in the armed forces. The number of unemployed persons was estimated at only 2,270,000. At no time during the first year of reconversion did the Department of Commerce unemployment estimates reach 3,000,000 — considerably below the forecasts made a year earlier.

Demobilization and re-employment of veterans neared completion at the end of the first year after V-J Day. Over 10,000,000 men and women were discharged from the service in the twelve months following the defeat of Japan. In addition, 2,900,000 had been separated before V-J Day. The rate of demobilization exceeded earlier predictions; more than 1,500,000 veterans were returned to civilian life each month during October, November, and December, 1945. Their absorption into civilian life was rapid. After the peak of demobilization in the winter of 1945, more than 1,000,000 veterans a month found jobs. This is in part a measure of the speed of reconversion and of the extent of unmet labor needs in many occupations and industries.

By June, 1946, over 9,000,000 veterans were employed in peacetime jobs. However, over 1,500,000 unemployed veterans were drawing readjustment allowance benefits under the provisions of the Servicemen's Readjustment Act (G. I. Bill of Rights). Unemployment for most veterans was of short duration, and less than 25 per cent of the veterans receiving readjustment benefits had been in receipt of such benefits for as much as twenty weeks. Nevertheless, between the inception of the program in September, 1944, and June 30, 1946, over \$1,000,000,000 in readjustment allowances had been distributed and over 5,000,000 persons had drawn some benefits. The relatively large sums expended for veteran readjustment aid is explained by the fact that a very large number of veterans were "taking time out" before deciding what they wanted to do as civilians. In January, 1946, for example, there were 1,700,000 in this category. Jobless veterans accounted for a substantial proportion of the total unemployment of less than 2,300,000 in July, 1946. See VETERANS' BENEFITS AND SERVICES.

Employment of displaced war workers, while more difficult to follow, has also been rapid. The demand for workers has continued great enough so that the increase in employment was as rapid as the increase in the numbers seeking work. As a result the contraction of munitions production simultaneously with the return of servicemen to the civilian

market did not materially increase the number of unemployed. This can readily be seen in the data on unemployment compensation payments, perhaps the best measure of the number who are unemployed for more than a week or two. The average weekly number of persons being paid unemployment benefits (not including veterans) was only 1,600,000 in March, 1946. The payments were naturally concentrated in states where large numbers of workers had been employed in the major war industries — states such as California, Connecticut, Illinois, Indiana, Massachusetts, Michigan, New Jersey, New York, and Pennsylvania. However, the volume of claims did not continue to expand and, contrary to expectation, the nearly \$7,000,000,000 of unemployment compensation reserves were not needed during this period. In fact, the reserve was further increased since, for the nation as a whole, the amounts paid out in unemployment claims were less than the contributions collected for this purpose. See UNEMPLOYMENT COMPENSATION.

Full Employment Programs

Concern with employment and unemployment has not been abated by the knowledge that reconversion has proved less troublesome than was anticipated. The accumulated savings of business and consumers, in a volume never before known in this or any other country, have provided an unprecedented amount of effective purchasing power. In addition, the urgent need for many products not manufactured during the war, the shortage of housing, the large foreign demand for relief supplies and equipment — all these favorable factors have provided a substantial basis for near-boom conditions in the immediate postwar period. But what of the period beyond?

It is concern with that problem which explains British and American interest in continued full employment. In England, the Churchill government's White Paper on *Employment Policy*,¹ issued in May, 1944, re-

versed traditional policy and accepted as one of the primary aims and responsibilities of the government the maintenance of a high and stable level of employment after the war. The principal measures to be employed include (a) the expansion and contraction of public investment to offset contraction and expansion of private investment, and (b) variations in social insurance contributions, raising them in times of good trade and lowering them in times of bad trade, with a view to making consumption more stable.

Employment planning was stimulated by the publication in 1945 of Sir William Beveridge's volume *Full Employment in a Free Society* (*infra*), a sequel to his *Social Insurance and Allied Services*. The first-named volume had a large influence in shaping public policy. The Beveridge proposal goes much further than the government's White Paper, in that it considers that public fiscal operations are not the only conditions necessary to maintain full employment. "The first condition of full employment is that total outlay should always be high enough to set up a demand for products of industry . . . using the whole manpower of the country. This must be made a responsibility of the state." In addition and beyond this basic need two subsidiary measures are also needed, "controlled location of industry and organised mobility of labor. . . . It is better and less of an interference with individual lives, to control business men in the location of their enterprises than to leave them uncontrolled and to require people to leave their homes for the sake of employment." The Beveridge program would also organize the mobility of labor so that workers would "flow into the right industries and if necessary into the right areas. . . . Use of employment exchanges . . . should be compulsory for all persons under eighteen, so that the flow of adaptable youth into industries may be wisely directed."

In contrast to the "high level of employment" sought in the British government's White Paper, the Beveridge objective emphasizes "full employment"; that is, a condition where there are more jobs waiting to be filled than there are unemployed men looking for

¹ See Great Britain Ministry of Reconstruction, *infra*.

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jobs. The dominant theme is the need and method of maintaining adequate market demand for all that the economy can produce.

In the United States the movement for full employment planning has found expression in two developments. The first, that of the Committee for Economic Development, was privately initiated and directed. The second envisages federal legislation as basic to full employment.

The Committee for Economic Development was organized in 1942 by a group of business leaders who were convinced that the attainment and maintenance of high employment after the war must not be left to chance. These leaders believed that individual employers have to plan boldly for rapid expansion in employment if the real perils of mass unemployment or mass government employment are to be avoided. Through its Field Development Division, the Committee has been working locally in 2,900 communities in all the states. More than 65,000 businessmen have been serving as members of local committees, aiding private employers in the planning of their postwar production and employment. The Committee has provided technical and research assistance for market analysis. Its Research Division has carried on an extensive program of inquiry into national policies necessary to encourage higher production and the provision of more jobs. The published reports have dealt with the problems of demobilization of the war economy, taxation, monetary policy, international trade, agriculture, manpower demobilization, and re-employment.

Governmental interest in employment planning has been expressed in a series of measures, the first of which dates back to the early months of the great depression. The federal Employment Stabilization Board, created in 1931, was to advise the President whenever a business recession was imminent; and pre-planned public works would be initiated when congressional appropriations had been secured. Failure to provide a "reserve" or earmarked Treasury funds was a decided shortcoming of this measure. The National Industrial Recovery Act of 1933 also provided

the machinery for employment stimulation and planning. The National Planning Board of the Public Works Administration, which later became the National Resources Planning Board, tried to coordinate construction programs and stimulate state and local planning bodies. The Office of War Mobilization and Reconversion, created in 1944, while concerned primarily with problems of reconversion, also inquired into the long-range aspects of employment stabilization and control.

It remained for the congressional debate on the so-called "full employment bill" of 1945 to focus attention on the problem of employment planning as a central policy of the federal government. This bill proclaimed that "All Americans able to work, and seeking work have the right to useful, regular, remunerative and full-time employment, and it is the policy of the United States to assure the existence at all times of sufficient employment opportunities to enable all Americans who desire, to fully exercise this right." The bill further provided that "to the extent that continuing full employment cannot be otherwise secured, it is the responsibility of the Federal Government to provide such a volume of Federal expenditures as may be needed to assure continuing full employment." To implement the objectives of this bill, it was provided that the President should transmit to Congress at the beginning of each regular session a national production and employment budget, with a program for such outlays "as will be sufficient to bring the aggregate volume of expenditures in the nation up to the level required to assure full employment."

The bold objectives of this bill were considerably modified in the Act that was finally adopted and approved by the President in April, 1946. However, while neither the specific "guarantee" or "assurance" of a job nor the concept of "full employment" was retained in the approved legislation, the "Employment Act of 1946" represents a formal departure from traditional American policy on employment planning. Under this Act it becomes the responsibility of the President and his Council of Economic Advisors, provided therein, to submit an economic report to

Congress with specific recommendations designed to hold employment at a high level. Employment planning has moved forward from an idea of a desirable social objective to a definite policy of the national government.

Postwar Governmental Provisions

The prewar social insurance system remains as the first line of defense should substantial unemployment develop. Presidential proposals to extend by federal action the coverage of unemployment compensation, liberalize the amount of weekly benefits, and increase the duration of payments to twenty-six weeks failed to receive congressional approval. Many individual states liberalized and improved their unemployment compensation systems, increasing benefits and duration of payments; but the only federal action was to make provision permitting a state to borrow from the federal Treasury in case heavy demands should endanger the solvency of its fund. This has not happened in any of the states and does not appear likely to happen in the next two or three years.

The United States Employment Service, indispensable both to the administration of unemployment compensation and to the organization of the labor market, was returned to state operation on November 15, 1946. It had operated as a federal agency since January, 1942, having been "loaned" to the federal government at the request of President Roosevelt. Federal supervision of the state-operated United States Employment Service is in the Department of Labor. In legislating for its return to state operation Congress provided that the entire cost of operation should be borne by the federal government. See EMPLOYMENT SERVICES.

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¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

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WILLIAM HABER

EMPLOYMENT SERVICES¹ are provided by governmental, voluntary, and commercial agencies to assist in the dual process of finding employment for people and people for employment. The United States Employment Service (USES) is the dominant agency in this field.

United States Employment Service

The Wagner-Peyser Act of 1933 created the United States Employment Service in the Department of Labor. The Act provided for a network of local employment offices to be administered by the states under the general supervision of the federal government, the offices to be financed by the states and the federal government on a 50-50 matching basis. In 1939 the United States Employment Service

¹For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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was transferred to the Social Security Board and integrated with the Bureau of Unemployment Compensation. As a result of the wartime emergency the Employment Service program was federalized in 1942 and later in the year the Service was transferred to the newly created War Manpower Commission. It continued to be the main operating arm of that agency until transferred again to the Department of Labor in 1945. Before World War II was over, a move was started to transfer the Employment Service to federal-state administration. This question was almost continuously debated after V-J Day. The Administration favored postponing the transfer until June 30, 1947, while Congress favored immediate action. A compromise was effected and the date set for November 15, 1946. Provisions were made for 100 per cent financing by the federal government.

During the first five years of its existence, the United States Employment Service was primarily engaged in referring unemployed workers to relief and public works projects. In 1938, when some of the states began paying unemployment compensation benefits, the Service was assigned the responsibility for either securing jobs for claimants or for certifying that they were unable to obtain suitable employment. Millions of workers who had never before utilized the Service were thus brought into local employment offices which were encouraged thereby to expand their services to industrial and commercial employers. Although the surplus of labor caused employers to continue to rely primarily on their own devices for hiring workers, the Employment Service began to accumulate valuable experience and prestige.

Emphasis was placed on developmental work to improve techniques and procedures. Among other things the *Dictionary of Occupational Titles* (*infra*) was developed, and when introduced in 1939 enabled the Service for the first time to classify workers uniformly on the basis of their skill and experience and to facilitate the selection of workers in accordance with employers' specifications.

As soon as the national defense program was launched in 1940, the Employment Serv-

ice reviewed its methods and procedures and geared them to the requirements of an expanding defense economy. Occupations in which shortages were expected to develop were analyzed and grouped into "families" on the basis of similarity and interrelationship to facilitate the recruitment of workers. More complicated jobs were broken down into their elements so that each could be handled by a worker trained in a single skill. Training authorities were advised of "demand occupations" so that training could be directed to meeting war-production needs. As soon as munitions production got under way, the distribution of the various occupations in different activities was analyzed and occupational composition patterns were prepared for each type of production. These occupational patterns were made available to new contractors to eliminate the necessity of determining proper balance of the labor force through trial and error methods.

It was early recognized that national or state summary figures of employment and unemployment were wholly inadequate. Special emphasis, therefore, was placed on the development of local area labor market analyses. Detailed information was obtained from employers on current and anticipated labor needs by occupation. Information also was obtained from the local unions and other sources in the community and supplemented by an estimate of the number of new entrants who could be brought into the labor market under the stimulus of wartime needs. Activities were classified as "essential" or "less essential" in accordance with their relative importance to the war effort, and estimates were made of the number of workers in less important activities who could be expected to transfer to war or essential civilian production. In short, all the information necessary to reflect a true picture of labor market developments and prospects in each important labor market area was obtained and analyzed. Each month important industrial areas were classified as to the labor market conditions, and procedures were developed in collaboration with procurement authorities for allocating contracts and locat-

ing new facilities to take advantage of the manpower resources of each community.

Although there were variations in the details of manpower programs in the different localities, they all included four basic elements: management-labor committees, as advisory and appeals bodies; use of statements of availability to authorize transfers from one essential job to another; a system of priority for channeling workers to where they were needed most; and the establishment of ceilings to limit the number of workers a plant could employ.

The war manpower program admittedly had many serious limitations, and in some instances there were glaring defects in its application. Because of frequent modifications in the techniques and methods through which the program was implemented, it was accepted as a sort of makeshift arrangement. There were no criminal penalties to be imposed on either the employer or worker for violations, as were found in other wartime regulations. Moreover, no direct controls could be exercised over workers who were not in the labor market or who chose to withdraw therefrom.

As a result, repeated drives were made for the enactment of national service legislation. Need for such legislation was twice expressed by the President in his annual messages to Congress, and congressional hearings were held on numerous occasions. The pressure for legislation reached its greatest intensity in January, 1945. As on previous occasions, this drive for legislation was spearheaded by military authorities who sought to put the administration of the program under the Selective Service System. Opponents pointed out that this agency was dominated by military authorities and that such influence should not be extended unnecessarily to civilian affairs. Some opponents went further to insist that the putative needs for manpower controls merely reflected poor planning and production scheduling. All legislation under consideration tended to place somewhat greater hardship upon labor than upon management. Labor consequently took the understandable position that there should be no drafting of labor to work for the profit of management. Any

drafting of resources, it was argued, should apply "across the board" and capital should also be drafted. It was also apparent that even if no attempt were made to draft capital, there was danger that in the administration of a national service act traditional prerogatives of management might be compromised. This gave management and labor a common ground for opposing legislation.

Perhaps more important in defeating legislation of this kind was the ability of its opponents to point to the production "miracle" achieved under the "voluntary" system. The mere dribble of munition production in 1941 had swelled to a flood tide in 1945. The United States had furnished her allies with munitions and supplies at an incredible rate while mobilizing and putting into the field the best-equipped army of all time.

Of course, one important factor of America's success in mobilizing for war production was the enormous resources of the country. In 1941 there were in the neighborhood of 49,100,000 workers employed and 8,000,000 unemployed in the United States. By the summer of 1943, employment had increased to a peak of 54,700,000 and unemployment had dropped to 1,000,000. It was estimated that by 1945 the increase in the labor force, in excess of the normal increase, had reached 7,300,000 in addition to nearly half a million foreign workers imported to take care of hard-to-fill jobs and a quarter of a million prisoners of war used principally to meet seasonal requirements.

The Employment Service handled the increased work load primarily through changing operating procedures rather than through expanding facilities and personnel. When it became a problem of merely allocating an insufficient manpower supply, cards containing a record of the applicant's skill and experience were no longer of any use. As workers came into the office they were referred directly to jobs, and the keeping of an active applicant file was discontinued. The number of local offices of the Employment Service increased from 1,480 to 1,720 and the personnel in state and local offices increased from 20,000 to 22,600.

Employment Services

Postwar Program of the USES

The postwar program of the Employment Service consists of six coordinated functions to assist in achieving and maintaining a high level of economic activity and maximum employment.

1. An effective placement service facilitates the employment and re-employment of returning service men and women, displaced former war workers, youths entering the labor market, disabled veterans and other handicapped workers, older workers, women, and all other persons seeking jobs.

2. Workers are assisted through employment counseling to determine their present or potential occupational abilities and interests in the light of realistic information about job requirements and employment opportunities.

3. Special services to veterans include employment counseling and preferential service by the local offices as well as priority of referral to any job for which they are qualified.

4. Through personnel management services employers and labor organizations may receive assistance in the use of personnel tools and techniques which have been developed by the Employment Service for effective selection, assignment, and transfer of workers.

5. The labor market analysis and information of the Employment Service is widely used by workers for choosing among various employment opportunities or planning their vocational careers; by employers in locating plants or in scheduling production to best utilize available labor resources; and by training authorities and community groups and other agencies whose programs are affected by manpower considerations.

6. In its cooperation with community organizations and government agencies the Employment Service participates in activities and programs for increasing economic activity and maintaining high levels of stabilized employment.

The veterans' phase of the program was restated and somewhat enlarged by the Servicemen's Readjustment Act of 1944. This Act established a Veterans Placement Board consisting of the Administrator of Veterans Affairs, as Chairman, the Director of the Selective Service System, and the Administrator of

the Federal Security Agency or whoever may have the responsibility of administering the United States Employment Service. The Secretary of the Board is also Chief of the Veterans Employment Service of the United States Employment Service. The Board determines policies affecting the employment problems of veterans, and the United States Employment Service carries out these policies. The Veterans Employment Service is responsible for seeing that the policies of the Board are implemented and assists the Employment Service to this end. In addition to a headquarters staff, the Veterans Employment Service has in each state a veterans' employment representative, with one or more assistants, to help the Employment Service in furthering the employment interest of veterans.

Although the Employment Service postwar program was announced in 1945, little was accomplished in its introduction and implementation until early in 1946. One reason for delay was the overwhelming work load with which the Employment Service was obliged to struggle following V-J Day, including in addition to millions of displaced war workers, millions of veterans who were rapidly demobilized.

The number of calls made on the Employment Service each month for job placement, job information, job counseling, and other related services increased from less than 5,000,000 in July to over 10,000,000 in December, 1945, and mounted to around 14,000,000 during the next few months. Since state unemployment compensation agencies were not prepared for the sudden increase in claims, it was necessary for the Employment Service to step into the breach and divert some of its facilities and personnel to claims-taking activities. In an attempt to get its peacetime program established, the employment offices had to curtail some of the services which were not directly connected with employment and to develop new application procedures. These have proved so effective and economical that they will no doubt be retained as permanent features.

In February, 1946, the Employment Service launched a job development program to en-

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courage employers to place their job orders with the local offices so as to increase employment opportunities for returning veterans and displaced workers. An informational campaign was backed up by visits to employers to discuss their employment needs and to solicit their cooperation. The number of such visits increased to more than 150,000 a month soon after the start of the campaign.

Railroad Employment Service

In 1938 the Railroad Unemployment Insurance Law removed the railroad companies from the coverage of the state unemployment compensation laws and established a Railroad Employment Service under the Bureau of Employment and Claims of the Railroad Retirement Board. Claims for unemployment insurance may be filed in depots, offices of the carriers, and in railroad employment offices established in the cities where regional offices of the Railroad Retirement Board exist. Much of the hiring for the railroads is still done by the railroads themselves. Their efforts have been supplemented, however, on an increasing scale during the past few years by the Railroad Employment Service, assisted by the United States Employment Service. In 1943 it became necessary to import foreign workers under contract for track work. By the end of the war, 136,000 Mexicans had been imported for this purpose.

Agricultural Workers

In January, 1943, the responsibility for the recruitment and placement of agricultural workers was transferred by the Chairman of the War Manpower Commission to the Secretary of Agriculture. A labor division was established, now known as the Labor Branch, Production and Marketing Administration, United States Department of Agriculture, to cooperate with the Extension Service, through the state agricultural colleges and the county agricultural agents, in the placement of farm workers.

To facilitate the transfer of seasonal agricultural workers and in an effort better to utilize such workers, Congress has appropriated funds to pay for the transportation of workers

from one agricultural region to another. The payments, however, are dependent upon the authorization of the county agent and since these officials are reluctant to see labor migrate from the locality, the results have not been as satisfactory as was originally hoped. More important was the importation of over a quarter of a million Mexicans under contract to work on American farms.

Recruitment for Federal Employment

During the war the United States Civil Service Commission stationed representatives in 80 of the largest United States Employment Service offices. With the assistance of the Employment Service, the Commission carried on a recruiting program that enabled the federal government to increase its staff from 1,000,000 to 3,000,000 employees. Immediately after the termination of hostilities, the facilities and personnel of the Civil Service Commission were curtailed and federal agencies were authorized to recruit directly and to use the facilities of the United States Employment Service.

Private Employment Agencies

Private fee-charging and non-fee-charging agencies play a more important role in the recruitment and placement of workers here than they do in most countries. Since the licensing requirements are not uniform among the states, it is impossible to determine the number of fee-charging agencies. Reference to any city directory, however, reveals the existence of a considerable number of such agencies. Some of them specialize in recruitment of personnel not traditionally recruited through the Employment Service, but their activities are by no means limited to such business. During the war the Employment Service withdrew from certain types of placement activities such as recruitment of teachers and domestic servants, and left these fields open to other agencies. Since the close of the war there has been a gradual return by the Employment Service to the field of recruitment of domestic servants, but the recruitment of teachers has not yet been resumed.

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Union and Employer Hiring Halls

The unions, especially the craft unions, always have been important factors in the recruitment and placement of workers. Before the war the Employment Service worked out cooperative arrangements whereby the Service assisted the unions in their recruiting activities. During the war these working arrangements were strengthened and will probably grow in the future. In a few instances, such as in the case of the needle trades in New York, the Employment Service, in accordance with plans worked out with the unions, employers, and state unemployment compensation authorities, has taken over the entire function of the union hiring hall.

The outstanding example of employers' hiring halls is that maintained by the Great Lakes Shippers Association, which hires about 90 per cent of the workers employed in Great Lakes shipping. Here again the Employment Service cooperates in the recruitment of workers needed to man this seasonal activity.

The Future of the Employment Service

Since the administration of the Employment Service has been returned to the states, its future will rest in state agency hands. During the past year the wisdom of this action has been much debated. In the course of the argument the importance of the Employment Service in the administration of unemployment compensation programs has been emphasized. This emphasis has made many of the advocates of a strong Employment Service fearful lest the Service again become merely a handmaiden of the state unemployment compensation systems as it was in prewar years. It should not be overlooked, however, that in the past many of the mistakes regarding the administrative relationship of these two agencies have been due to lack of understanding and experience. The Employment Service, nurtured by the war emergency, has grown rapidly and its maturity speeded by perhaps a decade. Once the heat of controversy has cooled, it is hoped that state pride and the desire of each state to benefit its residents will result in the preservation and strengthening of an institution that has so much to con-

tribute to the welfare and prosperity of its citizens.

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COLLIS STOCKING

FAMILY SOCIAL WORK² has as its primary objective the strengthening of family life. Recognizing the family as the basic unit in our social, economic, and political organization, family social workers see sound, happy family life as the keystone of a sound society and the first essential of good human relations, both nationally and internationally.

¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

² For names of national agencies in this field listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

Family social work is active in two principal ways. It assists individuals singly and in family units in developing both the capacity and the opportunity to lead personally satisfying and socially useful lives. The method used in giving this service is that of case work. *See* SOCIAL CASE WORK. Secondly, it works in the community, both locally and nationally, to improve the conditions essential for good family life and to increase the understanding of what these conditions are. It endeavors also to improve the understanding of the individual, his mental and emotional reactions, and their vital importance in family relationships.

These services are developed and made available by both governmentally and voluntarily supported agencies. The governmental agencies are principally the state, county, and municipal departments of public welfare which provide general public assistance and, in cooperation with the federal agencies, administer the various categories of assistance provided for by federal legislation. *See* PUBLIC ASSISTANCE and PUBLIC WELFARE. The voluntarily supported agencies include the nonsectarian local family service agencies established in nearly all the larger cities and in many of the smaller cities and towns. Included also are the sectarian family agencies—Catholic, Jewish, Protestant. *See* CATHOLIC SOCIAL WORK, JEWISH SOCIAL WORK, and PROTESTANT SOCIAL WORK. The voluntary family agencies are usually considered as key organizations in the community structure of health and social services. There is an appreciable trend, especially in the moderate-sized cities, for the merging of agencies offering case work services for children and those offering similar services to families.

Historical Development

Family social work as it now exists in the United States has developed from the charity organization movement. In 1869 the first charity organization society was founded in London for the purpose of coordinating and systematizing the services, especially those of relief giving, of the various existing voluntary agencies. Prior to that time many relief societies, under different auspices, had given relief

to the poor—some of them well administered and some giving relief promiscuously, on a niggardly basis, and with no thought of preventive measures or rehabilitation.

The first charity organization society in the United States was founded in Buffalo in 1877. The antecedent conditions were similar to those which had existed in England, and the purposes were much the same. Attempts were made to eliminate the duplication of effort and to coordinate relief-giving and other charitable services. Increasingly there was recognition of some of the causes of poverty and of the failure of individuals to adjust to their social environment. This led to various specific efforts to improve health conditions, medical facilities, housing, employment opportunities, and many other factors bearing on individual and family welfare. Attention was given to neglected children and those deprived of good parental care, an effort which led in many cases to the creation of separate child welfare organizations. *See* CHILD WELFARE.

The study of the causes of individual failures to adjust to the family or to the social environment led to realization that the help needed must come from persons who had studied the social sciences and such knowledge as was available concerning human behavior. This realization hastened the transition from a service, largely on a volunteer basis, of "friendly visitors" to one carried on more and more by salaried workers who had secured such training as was then to be had. Various training courses were organized—some entirely on an in-service basis—by a few of the largest societies. A number were set up as institutes in which several agencies cooperated. In 1898 the New York Charity Organization Society¹ inaugurated the New York School of Philanthropy,² the first professional social work school. It developed a curriculum for one year of graduate study, which was extended to a two-year course fifteen years later. Gradually other schools were organized, in most in-

¹ Merged in 1939 with the Association for Improving the Condition of the Poor to form the present Community Service Society of New York.

² Now the New York School of Social Work of Columbia University.

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stances as departments of universities, until in 1946 there were 47 schools which had qualified for membership in the American Association of Schools of Social Work. See EDUCATION FOR SOCIAL WORK and SOCIAL WORK AS A PROFESSION.

Two of the pioneers in the development and application of the case work method, which has been a distinguishing element of family social work, were Mary E. Richmond and Francis H. McLean. After serving with distinction as general secretary of the Charity Organization Societies of Baltimore and of Philadelphia, Miss Richmond in 1909 accepted the invitation of the Russell Sage Foundation to come to New York as director of its newly established Charity Organization Department. The following year leaders in the principal local charity organization societies took the initiative in forming a national organization which was first known as the National Association of Societies for Organizing Charity (later the Family Welfare Association of America and now the Family Service Association of America). Francis H. McLean was its first director, and continued his association with the national organization until his death in June, 1945.

In 1917 Miss Richmond's book, *Social Diagnosis* (*infra*), was published. It was the first comprehensive text which stated the principles and outlined the developing methods of case work treatment, and was a landmark in the exposition of that method. The practice of case work has not remained static, however. In the years following World War I there was markedly increased recognition of the problems and frustrations of individuals, and of the fact that in addition to the knowledge of factors in the individual's environment which needed to be understood and sometimes corrected, there was a great deal about the personality, motivations, and behavior of persons which must be studied and understood. It was in this period that social case work began to draw upon the accumulating knowledge in the field of psychiatry.

The depression years following 1929 brought a heavy increase of demands upon the family service agencies. There was a great expansion

of public services, and gradually a new and clearer alignment as between the governmental and voluntary agencies. Although this new alignment did not develop evenly throughout the country, there was a steadily increasing recognition that basic or maintenance relief was a public responsibility, and that the voluntary agencies could serve most usefully in helping individuals and families, without regard to their economic status, to understand their own problems more clearly and consciously to work out plans for overcoming or adjusting the difficulties.

This is not to say that the public agencies have been entirely limited to the administering of relief, or even to relief plus the case work service which was clearly needed as an accompaniment. As relief needs decreased during the years of World War II, and as the public agencies were able to secure or assist in training better-equipped staffs, some of them have been able to go further in offering case work service directed toward rehabilitation and toward prevention of family breakdown as well as the elimination of further need of relief. As yet, however, the majority of the public welfare departments have not been able to offer service generally to families where there was no relief need; and the prevalent public conception still is that the county and municipal public welfare departments are primarily "relief" agencies.

The years immediately preceding World War II and the war years brought changes in the outlook of the voluntary family agencies as well. They were acutely aware of the increased stresses and strains on family life that were experienced by nearly all families. The dislocations resulting, first from expanded war industry and later, to a much greater extent, from the operation of the Selective Service System, resulted in more widespread individual and family problems than had been recognized before. It was more clearly apparent that the need for case work help was by no means limited to the "poorest" families. Yet there remained a popular misconception that family welfare agencies existed only to help the "poor." There was an evident need to bring about better public understanding. As a part

of such an effort, many agencies began to channel their services in other ways than the traditional method of receiving applicants in a central office or in established district offices. Counseling service was offered at large industrial plants, in labor unions, and in cooperation with schools and churches. Many agencies aided the local Selective Service boards, not only by serving as consultants, but in giving individual service as needs became evident in the selective service process. As the war went on and men began to be discharged from military service, the family agencies generally cooperated in the work of the referral centers for veterans which were widely established, and accepted many referrals for counseling or case work service. This increased in volume as the war came to an end.

Another development, not yet extensive, is the offering by family agencies of case work on a fee basis. In one or two instances this has been done by the opening of an entirely separate office as a consultation center where professional counsel on personal and family problems is available on a basis similar to that of medical or legal practitioners. Other agencies have announced fee service as available at their regular offices, for persons who are able and who desire to pay. Fees are not set on a fixed schedule, but on a sliding scale which is adjusted to the individual circumstances and ability to pay. Agencies which have had experience with fee service report that the relationship of client and professional consultant is more clearly established, and that it facilitates and focuses the bringing of help to the problems of the client. So far the amounts of fees collected have not been a large item in the total agency income.

During the war years and in the postwar period, the shortages of trained and qualified case workers, which had been a problem for some years previously, became much more acute. The war brought a marked increase in the demand for such workers. This appeared in the military services themselves, in the auxiliary services such as the United Service Organizations, Inc. (USO), and particularly in the expanded services of the American Red Cross. Toward the end of the war and follow-

ing the cessation of hostilities, a considerable need for many case workers arose in the United Nations Relief and Rehabilitation Administration and in the expanding operations of the Veterans Administration. All of these demands drew heavily on the staffs of the family case work agencies so that staff shortages have been quite general and acute. The problem is a continuing one because all of the accredited social work schools together are not graduating enough students with case work training to fill the continuing demand from the long-established agencies, plus the increased demand which has resulted from the war and the postwar situation.

As one step toward the solution of the personnel problem facing nearly all family case work agencies, there has been a marked increase in the scholarship funds available for social work training. Family agency members of the Family Service Association of America in 1945 offered scholarships totaling in value nearly \$150,000. Another plan to encourage and assist training for case work in family agencies is a work-study plan by means of which promising workers with partial graduate training are employed by agencies under an arrangement which permits use of blocks of time during the year for the completion of graduate training.

Family Service Association of America

The national association, created by a group of local leaders in the charity organization movement in 1910 and known since 1930 as the Family Welfare Association of America, became in 1946 the Family Service Association of America. This change of name was made as part of a plan for the general adoption by all member family agencies of a uniform designation—"family service"—in order to identify more easily the agencies in all communities which offer competent counseling or case work service to families. The Association has continued as it was originally established as a voluntary membership association, serving as a national channel for the bringing together and exchange of experience and for joint counsel among the family service agencies of the country. Its policies and program

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are controlled by the member local agencies. This control is exercised by a General Assembly made up of two or three representatives of each member agency—board, executive, and staff. In addition to the agency members, about 230 in number, there are individual members, both lay and professional, who participate in Association meetings and all other activities, but do not vote.

Local agencies must meet certain minimum requirements as to organization and standards of service before being admitted to membership.¹

A good deal of the activity of the Association is carried on through standing or special committees, of which there are about 20. Membership on these committees is both lay and professional, and comes from all parts of the country. There are seven regional committees which serve for clearance and liaison between the membership in the respective regions and the various divisions of the Association. Other committees study trends in practice and administration, and their relationship to the various divisions of the Association's program.

In attempting to meet the needs for common services or common representation, the Association program is carried on through a number of departments. These include field service, information service, personnel service, publications, professional education, and war-community service. The last-named division was created in 1942 to meet special needs arising directly from the war effort. Special services were organized to assist the communities which had been most drastically affected by developments resulting from the creation and mushroom growth of huge war-industry plants. With large-scale shifts of manpower, many small communities increased in population almost overnight by as much as 1,000 per cent. The need for special consultative and advisory service for such communities was felt not only by the Family Service Association of America but by a number of other national agencies. Six of them,² drawn together by their

recognition of these similar emergency needs, formed a joint cooperative organization in 1943 known as the American War Community Services, Inc. There were two major objectives in this cooperative effort: first, that the agencies might have one common channel for securing financial support for their respective services; and second, to insure close cooperation in planning and providing the services needed. Appropriations to this cooperative effort were made by many of the war chests from 1943 to 1946, inclusive, reaching a peak of \$162,465 in 1945. With the end of hostilities, war-industry operation naturally ceased, but there remained acute problems incident to readjustment from war to peacetime industry. The special financial support decreased markedly in 1946 and came to an end at the close of that year. The nucleus of cooperative planning which had been demonstrated during the period of this program is continuing, however, with participation of the six agencies which originally constituted the American War Community Services, plus several others which became interested in the cooperative planning and service but did not participate in the special financing. This carrying forward of the service cooperation developed in American War Community Services will be under the auspices of the National Social Welfare Assembly, which joined in the sponsoring of the Service Cooperation Committee of American War Community Services during 1946 and which after January, 1947, will be the sole sponsor. *See NATIONAL ASSOCIATIONS IN SOCIAL WORK.*

An important committee of the Family Service Association of America which has been active during 1945 and 1946 is that on current and future planning. In its report, adopted in November, 1946, it stated the common objectives of the family social work field, with respect to which the service of the national association is needed, as follows:¹

Association of America, National Board of the Young Womens Christian Associations, National Organization for Public Health Nursing, and National Urban League.

¹ *See Report of the Committee on Current and Future Planning (infra).*

¹ *See Proposed Membership Requirements for Agencies (infra).*

² American Federation of International Institutes, Child Welfare League of America, Family Service

"In addition to the necessity for teamwork with other social agencies and citizen organizations in the local community, family agencies have for many years seen clearly the necessity for a common front with other family agencies. Through the Association and its network of Regional Committees, such a common front has been advanced by:

1. Clearance and joint action on state and federal legislation vital to their interests.

2. Consultation with various governmental agencies whose activities relate closely to their services.

3. Consultation, clearance, and joint action with various state, regional, and national social agencies with which they have many common concerns and working relationships.

4. Recording and making available common statistical information and sharing the experience of family case work agencies throughout the United States and Canada.

5. Opportunities for conference, state, regional, and national, for exchange of experience on trends, improved methods of service, better administration, and so on.

6. The planning of institutes and seminars for professional staff.

7. Joint efforts for the recruiting of qualified persons for professional case work training and for the staffing of family agencies.

8. Coordinated planning of publicity, national in scope, on the services rendered by family agencies.

9. Publication of materials produced on case work practice and family agency organization and functioning.

10. Research into newer and improved methods of practice.

11. Direct services to family agencies through consultation, visits, correspondence, on the entire range of their problems and concerns."

Family Life Education

As stated earlier, family case work agencies have two main purposes. Most such agencies, however, are usually more active in carrying out the first purpose—that of assisting individuals and families through individual service or case work—than in implementing the second purpose—that of improving the conditions for good family life and increasing the understanding of what these conditions are.

Recently there has been a noticeable increase in concern for and attention to this second and more general purpose. This is probably due largely to the recognition that voluntary family agencies can, at best, give individual service only to a small fraction of families or individuals, whereas there is a need for assuring the conditions basic to sound family life for *all* families. In endeavoring to assure such conditions, two forms of activity are found to be necessary. One is the kind of effort—partly local, partly on a state-wide basis, partly national—which is commonly called social action. It includes joining in efforts toward the securing of legislation to remove handicaps and assure better opportunities, both social and economic, for good family life. *See SOCIAL ACTION*. The second kind of effort, essentially educational, is needed to spread understanding of what the essentials of good family life are. This, too, can only be done through planned efforts, in cooperation with other organizations interested in the accomplishment of the same purpose.

The Family Service Association of America, through its Committee on Current and Future Planning, has pointed out the increasing interest of local family agencies in education for family life in these words:¹

"Through tested experience and trained observation over the years, the family agency has accumulated and is continuing to assimilate a vast range of knowledge about the personal attitudes, environmental factors and social requirements that make for sound and satisfying family life. This knowledge has been applied to the diagnosis and treatment of the individual situation, family by family. While this should continue to be the major focus of the family agency, there is a pressing need for it to move on into the field of generalized family life education. As preventive medicine has made its research and knowledge available to well people in order to prevent the contraction and spread of disease, so the family service agency can become a strong force for the prevention of social and family breakdown by reaching out to 'normal' families with 'normal' problems. Adult education, through discussion meetings with groups of young cou-

¹ *Ibid.*

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ples, mothers' clubs and parent-teacher associations, can become one of the effective media through which the family agency can not only disseminate useful information concerning the essential ingredients of healthy family life, but also acquaint still uninformed persons with the method and value of family case work. This responsibility for community education represents one of the most important but as yet undeveloped opportunities for service challenging the family agency today."

A project having this objective, in which the Family Service Association of America is currently participating, is a plan for a White House Conference on Family Life to be held in the fall of 1947 or the spring of 1948. This Conference, as planned, will focus attention on the essentials in family relationships; the care and training of children; the bases of good health, both physical and mental; and the social, economic, and spiritual needs of families. Family case workers have learned a great deal about these essentials through their experience and observation in working with the problems of individuals and families. Both the professional and the volunteer leaders are becoming more aware of the importance of spreading the knowledge of these basic essentials much more widely, in order that families generally may avoid the stumbling blocks that have been responsible for the problems of individual troubled families.

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FEDERAL AGENCIES IN SOCIAL WORK. Social evolution in the twentieth century has been characterized in this country by the increasing assumption by government of

¹ For addresses of periodicals listed, see Appendix A.

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responsibility for individual human welfare, and by the expanding role of the federal government in this process. During the frontier period of our history, the availability of free land and other undeveloped wealth offered broad opportunity to resourceful individuals and served as a safety valve in preventing economic and social crises. Those social or economic problems of individuals or families which could not be solved by migration into newer developing areas were limited, and did not impose an impossible burden on local government or voluntary aid.

The pioneer period of economic expansion and geographic isolation fostered qualities of self-reliance, family solidarity, and neighborly mutual aid which served to minimize its social problems. However, federal grants of land were made to individuals for their own use, beginning with the soldiers of the Revolutionary War. Other land grants were made to corporations, notably the railroads, as a stimulus to needed economic development. Financial grants were given to states to foster public services such as education. The direct responsibilities of the federal government in the field of social services during this earlier period were limited to a few groups for whom a particular responsibility was assumed, such as veterans, seamen, and Indians. Its indirect influence on the social and economic life of the country was, however, paramount both in terms of land policies and the growing economic nationalism which precipitated and survived the crisis of the Civil War.

The virtual exhaustion of public land at the close of the nineteenth century marked the end of an economic and social era which affected all aspects of governmental policy. Increasingly the federal government has translated the responsibility to promote individual welfare and to insure a minimum of security which it formerly discharged through land policy, into terms of laws adjusted to a mature industrial economy.

The new social service role of the federal government has not, in most instances, usurped the traditional responsibility which the units of government closest to the people have had, namely, administration of those

services which directly touch peoples' lives. It has, however, influenced long-time developments in these areas of service by extending the leadership of a common program tied to the equalizing factor of federal financial aid. A new concept of federal-state relationships has developed inevitably with recognition that, in an economy which functions on a national basis and in terms of a highly mobile population, the welfare of any one state or region is dependent on the welfare of the country as a whole. In the economic depression of the 1930's, with its catastrophic effect on individual economic security, only the federal government could assert the nation-wide leadership or command the necessary financial resources to meet the overwhelming need. In the war period of the early 1940's only federal action could assure the total mobilization of all national resources which the magnitude of war required. The human and social factor in total mobilization could not be ignored, and resulted in a type of federal leadership in social programs which will unquestionably exert an important influence on the future direction of total social policy.

Historical Development

First of the federal agencies directly concerned with social services was the United States Office of Education, established in 1867 to collect facts regarding the progress of education in the several states and territories and to diffuse information designed to advance the cause of education. The United States Department of Agriculture, established in 1862, while primarily concerned with the economic and technological aspects of agriculture, tended increasingly to cover the entire area of rural life. In 1884 a Bureau of Labor was established, first within the United States Department of the Interior and subsequently as an independent agency, to perform a similar service for industrial workers.

The broadening welfare interest of the federal government was reflected in the growing preoccupation with children's problems in the period preceding World War I. The White House Conference on the Care of Dependent Children, held in 1909, focused attention on

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the many inadequacies in the services available to children and led to the establishment in 1912 of the United States Children's Bureau. This Bureau was the first federal agency to concern itself directly with the newly developing concept of public responsibility for individual welfare on a broad basis, and paved the way for the large-scale assumption of federal responsibility which the depression made necessary.

The economic crash of 1929 brought in its wake a wave of human misery unprecedented in this country and centered attention on social ills which had been slowly developing since the frontier ceased to function as a safety valve. Mass unemployment, reaching a peak of over 10,000,000, resulted in insecurity, dependency, malnutrition, aggravation of health problems, demoralization, and social maladjustment for a large part of the total population. The very enormity of the problem forced the federal government to assume a major role in a series of actions which set the pattern for present concepts of public welfare. *See PUBLIC WELFARE.*

The first depression measures were designed to meet the immediate emergency of widespread want. Loans to the states for relief purposes through the Reconstruction Finance Corporation, instituted in 1932, promptly proved inadequate and were supplanted by the comprehensive relief program of the Federal Emergency Relief Administration (1933-1935) which operated on a grant-in-aid basis to states but exercised substantial influence with respect to program and policy. The basic program of general relief was quickly supplemented by special programs to meet the varying needs of different groups. These included work relief for the able-bodied, rehabilitation grants and loans for marginal farm families, camps and city centers for transients and homeless, aid to self-help cooperatives, and distribution to the needy of surplus agricultural products. The federal government itself provided work for young men from needy families through the Civilian Conservation Corps (1933-1943) and briefly through the Civil Works Administration (1933-1934) to

unemployed persons without a needs qualification.

In 1935 legislation was enacted intended to create a more orderly federal welfare policy by providing a differentiated series of federal programs to meet the persistent emergency problems of the depression and a long-range program of federal-state cooperation in preventing want. The Emergency Relief Act of 1935 accepted for the federal government responsibility to meet depression needs through a series of temporary federal programs. These included the federal work program of the Works Progress Administration (later Work Projects Administration); the program of grants and loans to needy farmers of the Resettlement Administration; the work and education benefits for young people of the National Youth Administration; and several others.

The program to meet long-time needs was incorporated in the Social Security Act, also passed in 1935 and later amended in 1939. This legislation provided for working people in most industrial occupations a program of contributory insurance against loss of income due to retirement, or for their survivors, in case of premature death. The Act also provided the legal and financial basis for state-administered unemployment compensation programs, and authorized federal grants to the states for assistance to the needy aged, the blind, and dependent children, and for child welfare services and a variety of health services. *See SOCIAL INSURANCE.*

The wide range of welfare activities developed during this period under federal sponsorship gave the federal government a dominant role in the field of social service. The establishment under the Reorganization Plan of 1939 of a central agency, the Federal Security Agency, in which were grouped most of the bureaus dealing with human services, at once confirmed the trend and strengthened federal leadership in the field.

The War Period

Federal social services, like all aspects of national life, underwent a considerable change with the conversion of the country to a war-

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time economy beginning in 1940. The heavy manpower requirements of wartime production brought a virtual end to unemployment and hence to the Work Projects Administration, Civilian Conservation Corps, and National Youth Administration programs. Full employment itself, however, created new problems of social adjustment in terms of migration, employment of women, use of marginal workers such as the handicapped, the aged, and youngsters of school age, importation of foreign workers, and the overcrowding of centers of war production. Moreover, the transfer of millions of young people, including many fathers and others with dependents, from civilian to military life created serious social problems and imposed new social obligations on the federal government. Enemy action and measures taken in fear of enemy action, especially the removal of persons of Japanese ancestry from the West Coast and their segregation in special communities, likewise created new social problems. Welfare responsibilities outside our own borders, not only with respect to our own military personnel but also to relieve the sufferings of our allies, imposed new responsibilities on the federal government.

Planning for social services during the war period was vested first (1940) in the Consumer Division of the National Defense Advisory Commission, subsequently in a separate agency known as the Office of Defense Health and Welfare Services, and later in the Federal Security Agency which discharged its special wartime functions through the Office of Community War Services.

Other federal agencies which functioned during the war period in the social work field included the Office of Civilian Defense which undertook to mobilize community resources in general to meet special war needs and specifically to develop protective services, including emergency welfare services, to be available in the event of enemy attack. The activities of the Office of Civilian Defense and its state and local counterparts gave considerable stimulus to community organization for social planning and to the organized use of volunteers in social programs. The President's War Relief Control Board (1942-1946) issued licenses to

organizations soliciting public contributions for the relief of war suffering in foreign countries. The Committee for Congested Production Areas (1943-1945) coordinated the activities of other agencies in providing necessary facilities and services in overcrowded centers of war activity. The Committee on Fair Employment Practice (1941-1946) undertook to assure the maximum utilization of all labor by preventing discriminatory labor practice on a racial basis within war industry. The War Manpower Commission (1942-1945), in the recruitment and allocation of labor for war production, concerned itself with those social services, both within the plant and in the community, which contributed to maximum productive efficiency. The War Relocation Authority (1942-1946), in carrying out its responsibility to remove, temporarily relocate, and ultimately return approximately 110,000 persons of Japanese ancestry living on the West Coast, assumed a major welfare function as an inevitable concomitant of its primary purpose. This agency also operated a temporary extraterritorial camp for European refugees at Oswego, N.Y.

The Federal Security Agency's Office of Community War Services helped communities meet their wartime recreation problems through its Recreation Division, their social problems resulting from prostitution and promiscuity through its Social Protection Division, and aided needy war victims through its Civilian War Assistance program and its Aid to Enemy Aliens program. Compensation was also paid to those injured in civilian defense activities and to the dependents of civilian workers captured at Wake and Guam.

Other wartime welfare functions included the administration by the Federal Works Agency of funds for the construction and operation of needed community facilities such as schools, hospitals, recreation centers, and day care centers in war-crowded areas; the provision of social services and benefits by the War Shipping Administration to seamen on its ships; the financing of training programs for technical personnel by the Office of Education and for nurses by the Public Health Service; the maternity and pediatric service for wives

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and infants of servicemen provided through the Emergency Maternal and Infant Care program of the Children's Bureau; and the greatly expanded welfare services provided by the armed services for their own members and their dependents. The equitable induction of men into service through the Selective Service System involved close cooperation with community welfare agencies, especially in the effort to screen out those representing poor military risks from a social, psychiatric, or medical point of view.

In general, wartime need for effective personnel, both military and civilian, fostered social measures contributing to individual efficiency as a major component of national strength.

Demobilization and Reconversion

The war's ending in 1945 inevitably meant a complete shift in the character of the country's economic and social problems. Millions, demobilized from the armed forces, sought readjustment to civilian life and employment. Other millions were displaced from war production. Fortunately the Office of War Mobilization and Reconversion and its affiliate, the Retraining and Reemployment Administration (later transferred to the United States Department of Labor) had previously been established to plan and coordinate necessary measures to meet these problems. Moreover, already enacted veterans' legislation, especially the so-called "G.I. Bill of Rights," provided extensive transitional benefits, and the regular unemployment compensation system proved adequate to meet the bulk of civilian unemployment needs. *See UNEMPLOYMENT COMPENSATION.*

The greatest accretion of welfare responsibilities has inevitably centered in the Veterans Administration, but the shift of emphasis to home-front problems has affected the long-time welfare programs as well. Many new plans have been proposed, a few enacted into law, and all widely debated in terms of a developing welfare policy. This trend has also been reflected in the strengthening of the major federal social agency, the Federal Security Agency.

Federal Security Agency

Most government agencies whose primary function is to serve basic human needs are now in the Federal Security Agency. Created originally under the Reorganization Act of 1939, it was substantially strengthened in 1946¹ by the addition of new functions, including the health and welfare functions of the Children's Bureau, the collection of vital statistics, and the administration of federal workmen's compensation, and by the centering of greater administrative responsibility in the Federal Security Administrator through the abolition of the Social Security Board, the United States Employees' Compensation Commission, and certain other units. A new organization plan established four major operating branches:

1. The Social Security Administration, headed by a Commissioner, includes the former functions of the Social Security Board and the Children's Bureau. Its Bureau of Old-Age and Survivors Insurance administers a federal program of contributory insurance protecting most industrial workers against loss of income in retirement and their survivors in case of their premature death. *See OLD AGE AND SURVIVORS' INSURANCE.* The Bureau of Employment Security deals with the state unemployment compensation systems established under the Social Security Act. *See UNEMPLOYMENT COMPENSATION.* Its other two bureaus, the Bureau of Public Assistance and the Children's Bureau, contain the heart of professional social work in the federal government.

The Bureau of Public Assistance administers a program of grants-in-aid to the states for aid to the needy aged, the blind, and dependent children and, in so doing, extends substantial federal leadership to the whole field of public welfare. *See PUBLIC ASSISTANCE.* Federal financial participation in assistance was liberalized in 1946 to provide reimbursement of two-thirds of the first \$15 average monthly grant to the aged and blind, and of the first \$9.00 average monthly grant to dependent children. Even matching continues, as before, above that amount up to a maximum federal

¹Through effectuation of the President's Reorganization Plan No. 2 on July 16, 1946.

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monthly contribution of \$25 for the aged and blind, and to \$13.50 for the first child and \$9.00 for other children in an aid-to-dependent-children family. These new provisions are applicable only through 1947. The Civilian War Assistance program has been continued into the 1946-1947 fiscal year to assist needy citizens returned to this country from war areas and to facilitate the return of persons evacuated from Hawaii and the Philippines by military authorities.

The Children's Bureau, transferred from the Department of Labor, serves as a clearing-house on all problems affecting children (except child labor, which remains the function of the Department of Labor) and administers grants-in-aid to the states for the maternal and child health, crippled children, and child welfare programs. Annual amounts available for these programs were approximately doubled in 1946. The Bureau provides the secretariat for the National Commission for Children and Youth. The Commission, composed of leaders in the field of children's services, studies and points up the unmet needs of children and young people throughout the country. *See* CHILD WELFARE, CRIPPLED CHILDREN, and MATERNAL AND CHILD HEALTH.

2. The Office of Education represents the field of education in the federal government, collecting and disseminating technical and statistical information, advising state education departments and educational institutions, administering grants-in-aid for vocational education, and supervising the American Printing House for the Blind, Columbia Institution for the Deaf, and Howard University.

3. The United States Public Health Service discharges federal responsibilities involving the protection of public health. *See* PUBLIC HEALTH. It administers grants to the states for services relating to general public health, sanitation, venereal disease control, and tuberculosis, and for the planning and construction of needed hospital facilities. *See* The Hill-Burton Act in MEDICAL CARE; also SOCIAL HYGIENE and TUBERCULOSIS. Its National Institute of Health, National Cancer Institute, and newly authorized National Institute of Mental Health conduct research in their re-

spective fields. *See* National Mental Health Act in MENTAL HYGIENE. It also carries on quarantine activities, administers a variety of hospitals, and collects vital statistics. The last-named function was formerly carried on by the Bureau of the Census, United States Department of Commerce.

4. The fourth operating branch of the Federal Security Agency, the Office of Special Services, includes the Bureau of Employees' Compensation; the Employees' Compensation Appeals Board; the Food and Drug Administration; the Office of Vocational Rehabilitation, administering grants-in-aid for rehabilitation services (*see* VOCATIONAL REHABILITATION); and the Office of Community War Services, expending funds for liquidation purposes only since December 31, 1946, under the terms of the 1946-1947 appropriation act. Formerly included in this division, also, was the Office of War Property Distribution, responsible for surplus war property distribution to education, health, welfare, and other non-profit agencies, whose functions were assumed by the War Assets Administration on October 1, 1946.

Agency staff bureaus include an Office of Federal-State Relations whose function it is to make studies and recommendations looking to the coordination of grant-in-aid programs and, to the extent practicable, the establishment of uniform standards and procedures as proposed by the Reorganization Plan; and an Office of Inter-Agency and International Relations handling the Agency's relationships with other federal agencies, international agencies, representatives of foreign governments, and organized groups in the fields of health, education, welfare, and social security.

The next step in strengthening the federal welfare structure is generally regarded as the establishment of a cabinet department to replace the Federal Security Agency, as recommended by the President, many professional and civic groups, and congressional leaders. Proponents contend that the increasing participation of the federal government in social services and the evident need for nation-wide leadership in a coordinate approach to human needs warrant the inclusion of this function

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in the cabinet and the strengthened administrative mechanism and prestige implicit in departmental status. Opposition to the move is limited chiefly to concern on the part of those who fear it might imply a federal usurpation of state or private responsibilities, or who wish a more independent status for a particular bureau or function. A bill¹ to carry out this proposal was introduced in the closing days of the 79th Congress but time was insufficient for any action.

Other Federal Welfare Functions

The Department of Labor, in promoting the interests of labor, carries on many functions closely related to the welfare field including the supervision of labor placement activities through the United States Employment Service (returned to state operation in November, 1946); the maintenance of fair labor standards with respect to minimum wages, maximum hours, and child labor; conciliation services; and the dissemination of information designed to promote better working conditions for women, higher labor standards generally, and an improved status for labor. *See CHILD LABOR AND YOUTH EMPLOYMENT, EMPLOYMENT SERVICES, and LABOR STANDARDS.* The Retraining and Reemployment Administration is concerned with the so-called "human side of reconversion" and has sought to stimulate federal, state, and community action to help returning veterans and displaced war workers.

The Department of Agriculture, concerned with the production and distribution of agricultural products and with the welfare of farmers, provides a variety of services to rural families through its Extension Service which also operates the 4-H club program for boys and girls. The Farmers Home Administration, which recently absorbed the Farm Security Administration, makes operating loans to marginal farm families and to farm tenants, sharecroppers, and farm laborers to permit the purchase of family type farms. *See RURAL SOCIAL PROGRAMS.* The school lunch program, recently made permanent, assists public and

nonprofit schools to provide lunches for their students. *See Nutrition and School Feeding in SOCIAL AND HEALTH WORK IN THE SCHOOLS.* The Bureau of Human Nutrition and Home Economics serves consumer interests through technical research and publications. *See CONSUMER PROTECTION.*

The Department of the Interior, through its Office of Indian Affairs, operates schools, hospitals, community centers, and other welfare services for Indians. The Division of Territories and Island Possessions is concerned with welfare services in Puerto Rico, the Virgin Islands, and Alaska. The National Park Service administers the national park system. The Bureau of Mines promotes safety and health measures within mines, conducts mine rescue work, and inspects certain mines.

The Department of Justice operates the federal prisons and correctional institutions, promotes measures to deal with juvenile delinquency, and administers the laws relating to immigration and naturalization. *See ADULT OFFENDERS, ALIENS AND FOREIGN BORN, and JUVENILE BEHAVIOR PROBLEMS.*

The Federal Works Agency advances funds to states and communities for the planning of public works and makes grants to educational institutions serving veterans, for the expansion of their facilities.

The National Housing Agency includes all the housing agencies of the federal government and during the reconversion period has been primarily concerned with the housing problems of veterans. Its Federal Public Housing Authority is engaged in the management of public war housing during the period of reconversion and is responsible for the administration of certain low-rent housing and slum clearance programs. *See HOUSING AND CITY PLANNING.*

The Veterans Administration is responsible for veterans' services and benefits including disability benefits, pensions to dependents of deceased veterans, rehabilitation services for those with service-connected disabilities, hospitals and domiciliary care, education and training benefits, readjustment allowances, loans for home, farm, or business purchase, National Service Life Insurance, adjusted

¹ S.2503 (Senators Fulbright and Taft).

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compensation payments (to veterans of World War I), and the terminal leave provisions. *See* VETERANS' BENEFITS AND SERVICES.

The War and Navy Departments are responsible for the health and welfare of members of the armed services and for the payment of allotments and allowances to their dependents. Medical and psychiatric social services are provided in connection with military hospitals. The enormous demobilization of military personnel has been effected through separation centers where all services contributing to a smooth transition to civilian life have been concentrated. *See* SERVICEMEN.

The Department of State, through its Division of International Labor, Social and Health Affairs, maintains liaison with other federal departments on international developments in the social work field. *See* INTERNATIONAL SOCIAL WORK.

Plans and Proposals

A description of the actual social service activities of the federal government gives no reflection of the tremendous ferment of plans, proposals, and discussion which has characterized the year following the ending of World War II. No field of welfare activity has been without its major legislative proposal, and the fact that few of these have yet been enacted does not lessen the significance of the processes which have taken place during the year. The significant forum for their consideration has been the hearings of congressional committees.

The General Housing Bill (Wagner-Ellender-Taft Bill), proposing the comprehensive application of public and private resources to the provision of adequate housing, was the subject of exhaustive hearings before the Senate Banking and Currency Committee.

The National Health Bill (Wagner-Murray-Dingell Bill), proposing an over-all health program of medical insurance, public health services, and medical care for the needy, was accorded extensive hearings by the Senate Education and Labor Committee. *See* MEDICAL CARE. Several proposals for federal aid to education were considered in hearings by this Committee which also held hearings on the Maternal and Child Welfare Act, the Hospital

Construction Bill, the Mental Health Bill, the Dental Health Bill, the Social Protection Bill, and the Recreation Bill.

The House Ways and Means Committee issued a staff report entitled *Issues in Social Security* and conducted months of hearings on all phases of that subject. The hearings and reports of the House Labor Committee Subcommittee on Aid to the Physically Handicapped contain much valuable information on that topic.

Congress undertook to overhaul its own machinery through the work of the Joint Committee on Organization of the Congress and its recommendations were substantially written into law.

Full employment was not only the subject of hearings before the Senate Banking and Currency Committee and the House Committee on Expenditures in the Executive Departments but also the object of legislation creating a planning mechanism in both the executive and legislative branches. *See* EMPLOYMENT PLANNING. Other aspects of our economic problems were debated at length in connection with price control, minimum wage, tax, and labor legislative proposals.

It is in the debate and hearings of Congress that the student of political trends can see most clearly reflected the growing preoccupation of the federal government with the welfare of its individual citizens.

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¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

Foreign Relief and Rehabilitation

FOREIGN RELIEF AND REHABILITATION.¹ World War II left in its wake unprecedented relief needs. Many countries suffered widespread devastation, virtual annihilation of their cities, the leveling of homes and factories, disruption of roads, rivers, and rail lines, and the destruction of foodstuffs either by the enemy or as part of a "scorched earth" policy. Millions of families were scattered, many broken by death. In Germany alone at the end of the war it was estimated that there were some 10,000,000 displaced persons of Allied nationality. For the most part these were slave laborers who had been forced into Germany to serve the Nazi war machine. In China from 20,000,000 to 40,000,000 refugees were thought to have been driven out of their home provinces.

Urgent needs had resulted from the disruption of agriculture. Farm labor had sometimes been conscripted, sometimes deported by the enemy. Fields had been fought over and sometimes mined. Herds and work animals were often killed off or stolen by the enemy. Agricultural implements had also been stolen; even normal replacements were not available. Supplies of fertilizer had been cut off. Fields were therefore greatly reduced in productivity, particularly since war demands resulted in pushing the soil to exhaustion. The breakdown of transportation systems—which in liberated areas were as often obliterated by our own forces as by the enemy—frequently prevented the distribution from one section to another even of foodstuffs and other essentials available within a country.

Social services in occupied countries had been broken down through the enemy's dissipation of resources normally available for relief and welfare purposes, and through the prostitution of welfare measures by the enemy to serve his own purposes. This not only left many needs unmet during occupation but also seriously delayed the re-establishment of relief and welfare functions after liberation.

Fortunately for the populations of liberated nations, their needs had been anticipated by

others of the United Nations which took unprecedented steps to meet these needs as soon after liberation as possible. The preparations included the establishment of the United Nations Relief and Rehabilitation Administration (UNRRA) in 1943, continuance of the previously established (1938) Intergovernmental Committee on Refugees (IGC), arrangements for immediate postwar relief by the American and British armies, and plans for relief to be provided by voluntary agencies. Together, these organizations have carried out gigantic operations of great diversity. They have undoubtedly saved many lives, prevented untold suffering, and hastened social and economic recovery in the nations served.

Unfortunately, however, the world food shortage of 1946 resulted in famine in many areas and threatened famine in others, thus rendering grossly inadequate even the impressive advance plans which had been laid. Furthermore, famine required the diversion to food relief of resources previously intended for rehabilitation purposes. As a result, the rehabilitation of liberated areas did not proceed in accordance with earlier expectations.

Despite this fact, it was anticipated in mid-1946 that, in accordance with original plans, UNRRA and other temporary relief measures would be largely liquidated as of the close of 1946, before longer-range agencies were ready to take over. By the end of 1946, therefore, justifiable pride of the United Nations in an unprecedentedly large and varied relief effort, which was also their first cooperative peacetime enterprise, was tempered by knowledge of the comparative inadequacy of their achievement and by the unreadiness of continuing international agencies to take over when UNRRA and other temporary agencies should cease to function.

UNRRA

Established in 1943 by 44 governments including the United Nations and those associated with them, UNRRA by 1946 included 48 nations.¹ As 1946 approached its close, this

¹ For names of national agencies in this field listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

¹ More detailed description of UNRRA's organization and high policies is included in the article on

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1946, only one of the countries (Guatemala) which had been expected to contribute to agency was looking ahead to its termination. The program of supplying various countries of Europe with relief and rehabilitation supplies was scheduled for completion before the end of 1946, and the corresponding program for the Far East (chiefly China) by the spring of 1947. The European displaced persons program, on the other hand, by virtue of authority given by the fifth UNRRA Council meeting in August, 1946, was to continue until the proposed International Refugee Organization (IRO) should come into operation, but in any case, not beyond June 30, 1947. The sixth meeting of the UNRRA Council, scheduled for some time late in 1946 and intended to pass on liquidation measures, was expected to be its last.

Finance and Administration

Original plans for financing UNRRA relief operations called for cooperating nations not invaded by the enemy to contribute 1 per cent of their national incomes for a specified year. The Council in its third session, in London in 1945, requested a second contribution to be made on the same basis as the first. By June 30, 1946, however, only 11 of the 32 uninvaded nations had made available (or were in process of making available) a second contribution.

Operating contributions authorized by cooperating governments as of June 30, 1946, totaled \$3,662,910,000. Of this amount the United States had pledged \$2,688,000,000, or 73 per cent, and the United Kingdom \$620,000,000, or 17 per cent. The next largest contributors were Canada (\$138,000,000), Australia (\$76,000,000), Brazil (\$40,000,000), and India (\$29,000,000).

Although not required to do so, Czechoslovakia, Norway, Poland, and Yugoslavia, which had all been invaded by the enemy, have also made contributions—foodstuffs, draft animals, coal, and other essentials—to a total value of nearly \$6,500,000. As of June 30,

UNRRA operating expenses had not authorized a contribution.

Funds for UNRRA administration, as contrasted with relief operations, were to be contributed by all cooperating nations in accordance with a schedule prescribed by the Council. Contributions authorized for administrative expenses had, by June 30, 1946, totaled more than \$29,000,000. Of this amount nearly 86 per cent had been paid, contributions of 21 countries being paid in full. Only three countries (Chile, Ecuador, and Iran) had paid nothing toward their authorized contributions. The largest contributors toward UNRRA's administrative costs as of March 30, 1946, were the United States, which provided 43 per cent of the total, and the United Kingdom, which contributed 21 per cent. The next largest contributors were the Union of Soviet Socialist Republics (\$1,750,000), France (\$1,300,000), Canada (\$915,000), China (\$875,000), and India (\$700,000).

Over and above contributions made for operating and administrative costs, the governments within whose territory UNRRA has established missions make contributions in local currency to meet the expenses of such missions. As of May 31, 1946, payments of this kind represented a value of \$28,500,000. Among these contributions those of China, Greece, and Italy were largest.

In addition to contributions by member governments, UNRRA was authorized to receive voluntary gifts also. Such gifts, during the first half of 1946, represented a value of nearly \$44,000,000. Noteworthy among these donations was the \$300,000 worth of rice contributed to China by Chinese residents in Siam. Individuals and organizations in the United Kingdom made contributions to the value of \$407,000. The largest single contribution was the \$37,000,000 worth of clothing contributed through the Victory Clothing Drive in the United States. A second large contribution by the American people was the \$2,500,000 worth of food donated through the Emergency Food Collection. The largest cash contribution from the United States was one of nearly \$1,000,000 from the Greek War Re-

Foreign Relief and Rehabilitation in *Social Work Year Book 1945*. Governments admitted to membership since UNRRA's establishment by the 44 members are Denmark, the Byelorussian and Ukrainian Sôviet Socialist Republics, and Turkey.

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lief Association, primarily for child feeding in Greece.

Of all the contributions from nongovernmental sources the world over, approximately 98 per cent came from the United States. Contributions made by the United States government to UNRRA for both operating and administrative purposes was about 73 per cent of the total contributed by all governments. It must be recalled, however, that this contribution, made in accordance with UNRRA policy, represents only 2 per cent of the nation's income and that other noninvaded countries have also made contributions on this same basis. In fact, Canada, having exceeded the contribution expected of her on the basis of UNRRA policy, has contributed more in proportion to national income than has any other country.

During the second quarter of 1946, when the UNRRA program was probably at its all-time peak, UNRRA's staff comprised a total of 12,876 persons. Of this number some 3,514 were classed as administrative as opposed to operational employees; and of these, 1,823 were employed in the Washington office and 1,569 in the London office. The operating staff of 9,362 persons included some 5,100 engaged in displaced persons operations in Germany, and 1,214 attached to the China mission. The next largest missions were those in Austria (659), Italy (566), and Greece (546).

The UNRRA staff, which was serving in 44 offices and missions throughout the world, included nationals of at least 53 countries. Although it appeared to be widely representative of the United Nations, this staff was something less than the truly international one which UNRRA had originally hoped to establish. Of the total UNRRA administrative and operating staff, nearly 70 per cent were nationals of the United States (4,539) or of the United Kingdom (4,383). The nations with the next largest number of nationals were France (950), the Netherlands (568), Belgium (556), Canada (446), Australia (273), and Poland (226). The Union of Soviet Socialist Republics (USSR) and China were represented by only 44 and 14 nationals respectively.

Although certain European nations appear to be quite well represented on the UNRRA staff, their participation did not often extend to the broader reaches of the UNRRA program. For example, although only 28 per cent of the United States and United Kingdom nationals employed by UNRRA in June, 1946, were engaged in the displaced persons program in Germany, no less than 89 per cent of the nationals of Belgium, France, the Netherlands, and Poland were so engaged.

In addition to its regular staff, UNRRA in receiving countries also employed nationals of those countries and paid them in local currency. As of June 30, 1946, employees of this type numbered 9,993, of whom 3,236 were employed in Italy; 2,731 in Greece; and 1,004 in the displaced persons program in Germany. At the same time voluntary agencies in many cooperating countries were supplying approximately 1,400 workers to work under UNRRA supervision. By far the largest proportion of these (1,078) were engaged in displaced persons operations in Germany. The next largest numbers were employed in Greece (156) and Italy (126).

UNRRA's function in a country of operations has been not to distribute relief supplies itself but rather to assist the government concerned to fulfill its responsibilities for meeting relief needs. In areas occupied by Allied armies, UNRRA could work only upon the request and under the control of the United Nations commander in the area of operations. This principle, which was basic to all UNRRA activities—and without which UNRRA probably could never have been created—has exposed UNRRA to a great deal of unfair criticism. Both inaction and ill-advised action for which military authorities or governments of receiving countries were really responsible were often attributed to UNRRA, although that agency's role was only one of advising and assisting the authorities concerned.

Supply Program

The total UNRRA program consisted of (a) the supply program, (b) the technical health, welfare, industrial, and agricultural rehabilitation services rendered to receiving

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countries, and (c) its displaced persons program.

Noteworthy among UNRRA's achievements has been the dramatic success of its supply procurement and shipping program. By the end of June, 1946, a total of nearly 13,000,000 tons of desperately needed food, clothing, textiles, shoes, medical supplies, industrial and agricultural rehabilitation supplies and equipment, ranging from baby bottles to locomotives, had been shipped to 14 receiving countries. During the second quarter of 1946 alone over 4,500,000 tons of supplies were shipped. Shipments for the single month of July exceeded 2,000,000 tons, valued at \$161,033,000. This tonnage, shipped by UNRRA in a single month without benefit of military priorities in shipping and procurement, matched the average monthly shipments by the United States Army (including munitions) to all theaters of war during the first eight months of 1945. Over a period of a year UNRRA's supply program was as large a supply operation as were Allied preparations for D-Day.

One of UNRRA's most difficult tasks has been to devise a system by which available supplies could be allocated equitably among receiving nations. Differences among countries in previous standards of living, lack of necessary statistical data, and difficulties confronted in appraising needs resulting from war were only some of the obstacles to be surmounted. Despite the problems encountered, objective criteria were developed and more or less successfully applied to a number of the European nations, notably Austria, Czechoslovakia, Greece, Italy, Poland, and Yugoslavia, but exclusive of the Byelorussian and Ukrainian Soviet Socialist Republics. In the case of China and certain other receiving countries, however, no pretense was made, for reasons suggested above, of applying the criteria established.

UNRRA's limited resources made it impossible to supply more than about half of the relief and rehabilitation supplies other than food which receiving nations requested. In the case of food, the original intent (at least among receiving nations in Europe) was to

supply enough foodstuffs so that with indigenous supplies and other imports each country would have sufficient food to allow an average daily per capita consumption of 15 grams of animal protein and 75 grams of fat and a total of 2,650 calories. Severe world food shortages, together with the inadequacy of UNRRA's resources, required the adjustment of these standards to permit a per capita consumption (in Austria, Czechoslovakia, Greece, Italy, Poland, and Yugoslavia) of not more than 10 grams of meat and 50 grams of fat and a total of 2,000 calories per day.

Even after reducing the supply goals it has not been possible to provide receiving nations with all the food scheduled. During the first half of 1946, for example, UNRRA was able to ship only about 56 per cent of the wheat and grain necessary to fill requirements. Shipments of meat and fat during the first quarter of 1946 represented only 44 per cent of the meat and fish and only 14 per cent of the fats and oils regarded as the minimum quantity UNRRA should supply.

The tragic effects of these deficiencies—together with the broader effects of the general world food shortage—will never be fully known.

Notwithstanding its inadequacies, the UNRRA supply program, as already noted, has achieved notable successes. Expectations in September, 1946, were that by the end of the year supplies valued at nearly \$3,000,000,000 would have been sent to 17 receiving countries. In terms of dollar value, food accounted for 38 per cent of the total value of all supplies. Next in order of importance were industrial rehabilitation equipment (25 per cent); clothing, textiles, and footwear (15 per cent); agricultural rehabilitation supplies (12 per cent); medical supplies (5 per cent); and other supplies (5 per cent). By July, 1946, approximately 63 per cent of these supplies had already been shipped.

The countries scheduled under the UNRRA supply program in effect in September, 1946, to receive most in terms of United States dollar value were: China, \$535,000,000; Poland, \$474,000,000; Yugoslavia, \$429,000,000; Italy, \$425,000,000; Greece, \$358,000,000; Czecho-

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slovakia, \$270,000,000; the Ukrainian Soviet Socialist Republic, \$189,000,000; and Austria, \$117,000,000. Further programs ranged from the Byelorussian Soviet Socialist Republic operation, at a cost of \$61,000,000, to Ethiopia's \$700,000 program and San Marino's program of only \$30,000.

The UNRRA supply program, unfortunately, has not escaped difficulties arising from political differences which divide the East and West and for the time being, at least, appear to threaten international cooperation in many fields. The fact that roughly 50 per cent of UNRRA supplies was destined to countries in the so-called Soviet bloc has occasioned much adverse public comment in the United States, particularly since the USSR has been reported as taking food and other relief and rehabilitation supplies out of some of the very areas into which UNRRA was shipping supplies. Also, political differences with Yugoslavia have aroused indignation over sending relief goods to that country from the United States.

In China, too, political issues have seriously impeded the UNRRA supply program. Among difficulties confronted are the inadequacy of Chinese governmental appropriations for the distribution of UNRRA supplies; interference by military authorities in the distribution of relief supplies; and a lack of determination in seeing that relief commodities are fairly distributed in needy Communist as well as in Nationalist areas. At this writing UNRRA shipments to China, with the exception of foodstuffs, are being held up pending the solution of existing problems.

Health, Welfare, and Rehabilitation Services

Health, welfare, industrial, and agricultural rehabilitation specialists have given technical assistance to many governments. Health work done by UNRRA doctors in various countries is largely credited with the prevention of any really major postwar epidemic anywhere in the world. Heroic measures undertaken to assure this success include the antimalaria campaign including aerial spraying in Greece, the dramatic flying of sera and personnel from the United States to combat a cholera threat in

Chungking in 1945, the shipment of huge quantities of DDT and the dusting of hundreds of thousands of persons endangered by typhus, the provision of what in many liberated areas were the first penicillin and sulfa drugs ever seen, the provision of facilities for the manufacture of drugs, and finally, the training of native medical personnel in new medical processes and the use of new drugs.

Several hundred UNRRA welfare officers have aided receiving countries in the general distribution of relief supplies to needy persons. Special emphasis has been placed, however, upon assisting in the development of programs for the feeding of children: 1,800,000 in Italy, approximately 1,200,000 both in Greece and in Poland, some 700,000 both in China and in the Ukrainian Soviet Socialist Republic, 280,000 in Czechoslovakia, and 129,000 in Austria. In several countries, notably China, Czechoslovakia, Greece, and Poland, special aid has been given in the establishment of programs for the physical and occupational rehabilitation of physically handicapped persons, including war cripples. In all countries of operation UNRRA welfare officers have helped to survey social welfare needs, assisted in planning to meet these needs, and aided in establishing emergency and longer-range services to meet them. Help has been given in the re-establishment of war-disrupted institutions and agencies and in the establishment of new ones to serve children, aged persons, and others in need of special care.

Industrial rehabilitation specialists provided by UNRRA have helped in the restoration of railroads, shipping, communications, and home industries. UNRRA agricultural rehabilitation experts have assisted in restoring farm production, fishing, and stock raising.

In all fields one of UNRRA's most significant contributions has been in the training of indigenous personnel. This has been done through lectures, seminars, on-the-job supervision, and through the UNRRA fellowship program by which selected personnel from various countries were permitted to study health, welfare, industrial, and agricultural programs and methods in other countries.

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Displaced Persons Program

Among UNRRA's most widely publicized undertakings, and one for which on occasion it has been both highly praised and bitterly criticized, is the assistance it has rendered to the United States, British, and French armies in the care of displaced persons under their separate jurisdictions in Germany and Austria.

The numbers of displaced persons being cared for by UNRRA in these countries and in Italy as of May 31, 1946, were: Germany, 750,000, of whom 6,400 were unaccompanied and orphaned children; Austria, 45,000; and Italy, 28,000. The nationalities chiefly represented were Poles, Balts (i.e., Estonians, Latvians, and Lithuanians), Soviet Russians, and Yugoslavs. Included in the above-named nationalities are refugee Jews who, by the end of 1946, were expected to number 200,000 including 150,000 in the United States zone of Germany. For obvious reasons, they are thought of as nonrepatriable and as needing resettlement.

In addition to those in camps operated by UNRRA personnel, there were at least 80,000 other refugees and displaced persons in Germany receiving care directly from the British and French military authorities in their respective zones of occupation. In Austria the number not in UNRRA-operated camps but constituting a direct concern of the United States, British, and French military authorities was about 35,000, and in Italy, about 18,000. These relatively large numbers of persons not receiving UNRRA care are explained by UNRRA's policy not to place personnel in camps having any considerable number of persons ineligible for UNRRA assistance, such as ex-enemy nationals not qualifying for aid as persecuted persons.

Over and above those receiving care from either UNRRA or military authorities in mid-1946, there were thought to be in Germany upwards of 500,000 additional United Nations displaced persons, mostly Russians and Poles. It is expected, however, that as camp populations decline or as resettlement projects materialize, persons in this group not now being aided may apply for assistance.

UNRRA has aided the United States, British, and French military authorities not only in the operation of camps but also in the repatriation of displaced persons desiring to return to their homelands. By mid-1946, when voluntary repatriation appeared to have come to a standstill, nearly 6,000,000 displaced persons of many different European nationalities had been returned from Germany to their countries of origin. About 718,000 had been repatriated from Austria, and another 80,000 from Italy.

One of UNRRA's most successful undertakings was the care and later repatriation of refugees in North Africa and the Middle East. As of March 31, 1946, the total number repatriated from the several UNRRA camps for displaced persons in Egypt amounted to about 43,000, leaving only about 2,800 persons in the one remaining UNRRA camp in that country. Arrangements had also been made between UNRRA and governments concerned for the return to their respective homelands of about 30,000 persons (largely Polish nationals) displaced early in the European war to points in Iran, East Africa, and India.

In China, UNRRA's limited program for displaced persons, carried on in conjunction with the Chinese National Relief and Rehabilitation Administration (CNRRA), was to be continued until June 30, 1947, by which time, presumably, the work of caring for and repatriating or resettling several thousand European Jewish refugees, and of returning several hundred thousand Chinese to domiciles in various countries of Southeast Asia, would be completed or, perhaps, taken over by CNRRA.

After UNRRA—What?

During the summer of 1946 prospects for reasonably adequate and carefully integrated relief measures in the remainder of 1946 and in 1947 were none too bright. As late as July, 1946, UNRRA-assisted countries had continuing relief and rehabilitation needs which UNRRA had no resources to meet and for which no orderly provision was in sight. Specifically, receiving countries were estimated to need—for absolute minimum subsistence during the last of 1946 and until the 1947 harvests—some

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\$800,000,000 worth of food which UNRRA was unable to supply. Furthermore, these same countries needed approximately \$750,000,000 worth of other supplies, particularly seed, fertilizer, farm machinery, and essential industrial equipment, which UNRRA could not furnish.

The combined cost of these necessities to supplying countries represented only about three or four days' war expenditures. Nevertheless the receiving nations, in the opinion of UNRRA experts, lacked the necessary foreign exchange to purchase them. United States officials maintained that the time had come when countries needing relief supplies should apply directly to some country capable of furnishing them. Alternate suggestions were that the Food and Agriculture Organization of the United Nations or perhaps the new International Bank—neither of which, however, had any operating funds—might somehow help countries to secure needed food and other relief and rehabilitation goods and services. Still there was little agreement upon or hope for a speedy, orderly solution. Fortunately, crop prospects were greatly improved over early 1946. Yet, because of the possibility that countries possessing relatively adequate food supplies and even surpluses might not relinquish them, and that certain countries needing food lacked the requisite foreign exchange, there could be no assurance that widespread suffering from hunger would in fact be averted.

Accordingly, when the UNRRA Council met in August, 1946, its eye was clearly on the future. Being thus confronted with the necessity of helping receiving countries quickly to progress as far as possible toward economic recovery, there was a sobering ominousness in the reminder by Trygve Lie, Secretary General of the United Nations, that in 1918, relief and rehabilitation were never adequately dealt with on an international basis. "Who can deny," Mr. Lie asked, "that this failure contributed to the political insecurity and the extreme economic nationalism of the years that followed and that it helped to prepare the soil for the growth of Nazism and Fascism?"

Actions taken by the UNRRA Council to guard against a disastrous hiatus between UN

RRA's demise and the initiation of action by some new international body were of two kinds. The first was to urge discussion among various United Nations bodies with a view to orderly planning for the future. The second type of action involved not only discussion but also the possibility of making UNRRA resources available to some other operating agency to pick up where UNRRA would leave off.

The first type of action was taken with respect to the continuance of UNRRA's social welfare services, the possible transfer of which is to be discussed with the appropriate United Nations authorities. With respect to agricultural rehabilitation services, the Food and Agriculture Organization of the United Nations was urged to consider the problem of "providing the maximum technical assistance in the expeditious reestablishment" of agricultural production in liberated countries.

The broader problem of need for relief and rehabilitation supplies, particularly food and supplies for agricultural rehabilitation, which receiving countries in 1947 would be unable to purchase was referred to the General Assembly of the United Nations, which was urged to designate some agency to review the need for financing these urgent imports and to recommend the financial assistance that might be required.

UNRRA Council actions authorizing the possible transfer of funds to existing or new agencies taking over relief and rehabilitation activities were four in number. The first, taken after the Director General's warning that the prepared budget of the World Health Organization did not appear sufficient to permit that agency to undertake direct operations of the kind UNRRA had been carrying on, authorized the transfer of UNRRA funds to the carrying out of functions taken over from UNRRA. Similarly, the Council authorized transfer to the proposed International Refugee Organization, any appropriate interim commission, or any other appropriate body, of funds necessary for the continuance of displaced persons services being currently rendered by UNRRA. Limitations placed upon this authority, however, were that the funds

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which might be thus transferred were not to exceed the current cost of continuing existing services, and that any transfers of funds would not, without the approval of the Central Committee, interfere with the fulfillment of UNRRA's officially approved supply program.

A third proposal approved by the Council was one presented by the Director General who urged that countries which, in accordance with plans previously approved by UNRRA, had sold UNRRA supplies for local currency should pool the proceeds from such sales in "a revolving fund for industrial and agricultural rehabilitation, which would result in employment and production." The Director General further suggested that loans from the fund might be made to countries presenting useful projects—provided that the government or private lenders would supply, at an interest rate not to exceed 2 per cent, perhaps 35 per cent of the loan.

By August, 1946, UNRRA sales in six receiving countries (exclusive of China) had yielded the equivalent of \$410,000,000. Further proceeds totaling more than a billion roubles (on which no exchange value was quoted) had been realized in the Byelorussian and Ukrainian Soviet Socialist Republics.

Although formally approved, the Council plan to explore the possibility of using these funds as suggested faced a highly uncertain future inasmuch as the countries in possession of proceeds of UNRRA sales voted solidly against the proposal. Furthermore, UNRRA policy prescribes that the disposition of the proceeds of sales is a matter to be mutually agreed upon between UNRRA and the government concerned.

The final Council action to provide resources for carrying on UNRRA work related to the continuance of services for the rehabilitation of children and adolescents of countries which were victims of aggression. For this purpose, the Council suggested the establishment of an International Children's Fund and authorized the transfer to it of such assets as the Central Committee may determine to be available after the completion of UNRRA's work. Authority was also given to transfer to the Fund contributions made by governments,

voluntary agencies, or individuals, or secured from other sources. Acting upon this proposal, the Director General in September, 1946, announced his intention immediately to solicit from voluntary contributors an initial sum of \$500,000 to permit the Fund to support child-feeding and school-lunch programs even before UNRRA's unexpended assets should become available. The Economic and Social Council of the United Nations in October, 1946, heartily endorsed the idea of the Children's Fund and recommended to the General Assembly that it be established.

At the present writing, as already suggested, it is impossible to predict how, by whom, or when—if ever—necessary UNRRA services will be continued. At least certain health and feeding services seem reasonably likely to be carried forward. For other services, however, the chances of survival—at this writing at least—do not appear to be very hopeful.

With respect to orderly continuance of care for displaced persons, the situation is particularly serious. Although the United Nations have tentatively agreed upon a constitution for a proposed International Refugee Organization and, after prolonged discussion, have finally agreed upon a proposal for financing its work, both require further action. Furthermore, here again the deep-seated disagreements as between the East and the West cast their shadows upon the future. The greatest wisdom, tolerance, and compromise will be required in reconciling these divergent views.

Under the difficult circumstances prevailing, the American people would seem to have special moral responsibilities for helping the United Nations to find permanent asylum for large numbers of European refugees and displaced persons. Consequently, various American leaders, including President Truman, are urging amendment of the nation's immigration laws to permit the admission of up to 100,000 displaced persons and refugees, thus giving a new lease of life to persons who have not only suffered bitterly in war but continue to be harassed by the uncertainties of the ensuing peace.

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INTERGOVERNMENTAL COMMITTEE ON REFUGEES

A second international agency dealing with relief problems is the Intergovernmental Committee on Refugees (IGC), organized in 1938 following the Evian conference on refugees and before UNRRA was even conceived. The IGC charter was signed by 36 members including Eire, Sweden, and Switzerland, which are not members of UNRRA. Unlike UNRRA, IGC has never engaged in extensive relief activities, although it has had authority to care for considerable numbers of refugees—such as German and Austrian refugees in France, Spanish Republican refugees, and certain groups of definitely stateless persons—not included within the scope of UNRRA's program.

From its inception, IGC has been severely limited in its activities by the inadequacy of operating budgets made available to it by Great Britain and the United States, the only two governments contributing operational costs. However, during the summer of 1946 it appeared that the financial base of IGC might be broadened, that certain limitations upon the breadth of its program might be lifted, and that the organization might even assist in the development of resettlement projects.

During the latter half of 1946 IGC was negotiating with the Brazilian government, implementing the tentative offer of that government to permit the entry into Brazil of European refugees and displaced persons. Preliminary investigation of possibilities, unfortunately, indicated that numbers that might be resettled in anything like the near future would be quite small. IGC was also planning to negotiate with other governments willing to receive victims of Nazi cruelty and hatred.

IGC, unlike UNRRA, was not set up as a temporary organization. However, just how this organization and its work will be integrated with that of the proposed International Refugee Organization is not known at this writing.

RELIEF ACTIVITIES OF UNITED STATES ARMY

Responsibility of United States military au-

thorities for civilian relief in liberated areas stems from an order issued by former President Roosevelt as early as 1943, directing the War Department to take over initial provision of relief supplies pending completion of plans of civilian agencies to assume that responsibility. During 1946, relief operations of the United States Army extended to five countries which were still occupied: Germany, Austria, Italy, Japan, and Korea. In the first three countries, responsibility of the military authorities extended only to the particular occupied areas for which the War Department was responsible. All of Japan, however, was under United States military government authority as was that part of Korea south of the thirty-eighth parallel. In all five countries responsibility of the military extends, first, to assuring civilian food supplies, and second, to supervision of public welfare operations as a function of government. A third and more direct responsibility is that of caring for displaced persons and refugees. This includes the repatriation of nationals both of the occupied and of other countries.

The total cost of relief provided abroad by the Army cannot be accurately estimated. Many expenditures, such as the salaries of Army personnel and expenses of transportation properly chargeable to relief, are not separately reported. Nevertheless, something of the magnitude of Army relief activities is apparent from War Department reports that its civilian relief program in the fiscal years 1945 and 1946 cost \$499,000,000 and \$324,000,000 respectively. Estimates of costs for 1947 total \$500,000,000. Thus, Army civilian relief expenditures in three years will have amounted to as much as this country's widely publicized first contribution to UNRRA. Yet relatively little attention has been focused upon these relief measures of the Army.

Germany

In the United States zone of Germany, the War Department has accepted responsibility for such civilian relief as is necessary for the "prevention of disease and unrest and for the protection of troops." Public welfare activities,

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administered by German officials, are being re-established on the district and provincial levels. Imported relief supplies are turned over at shipside and are distributed through established relief offices of the German government. The burden of relief in the United States zone is relatively heavy, the number of persons receiving assistance from public agencies during April, 1946, for example, being nearly 1,000,000 or approximately 7 per cent of the population.

Over-all responsibility for the custody, care, and repatriation of displaced persons and refugees in the United States zone of Germany rests with the United States military authorities. To assist in meeting this responsibility, the Army invited UNRRA to administer camps in which some 700,000 persons were being cared for. The Army, however, provides the necessary food and other supplies, shelter, security police, and transportation, both for camp care and for repatriation. The large number of displaced persons who are not in camps but for whom the military authorities still have full administrative responsibility includes many persons of German ethnic origin transferred into the United States zone from the Sudetenland of Czechoslovakia, from the former eastern territories of Germany, and from Austria and Poland.

The total number of displaced persons still remaining in Germany is, as previously mentioned, only a fraction of those uncovered upon liberation. The repatriation of some 6,000,000 persons by the Army, with incidental assistance from UNRRA as already described, represents one of the major relief achievements of World War II.

Austria

In the so-called United States zones of Austria and of the Vienna area, the War Department has responsibility only for the salaries of civilian personnel engaged by the Army for service in its relief program. Inasmuch as UNRRA in April, 1946, accepted financial responsibility for providing civilian relief supplies for Austria, the War Department has not made any further provision for this but has nevertheless transferred considerable food to UN

RRA from military stocks. The Army during 1946 also supplied food for certain welfare activities such as the supplemental feeding of some 320 calories of food daily to 24,000 school and kindergarten children in Vienna. In addition, the Army provided food to the American Red Cross for emergency feeding programs conducted under its supervision.

Over-all responsibility for upwards of 200,000 displaced persons in Austria still rested in mid-1946 with the War Department. Although UNRRA supplied personnel for some 33 camps (in both the French and United States zones) and was assisting in caring for about 46,000 United Nations displaced persons, the United States military authorities were assisting an additional 160,000 persons not in UNRRA camps. The great majority of these were former enemy nationals of German ethnic origin not eligible for UNRRA assistance. They were gradually being transferred to Germany during the closing months of 1946.

Other Countries

United States military responsibility in Italy extends to only two provinces with a combined population of about 1,500,000.

In keeping with the United States military policy in Japan of bringing about an enduringly liberal government of the Empire, the Ministry of Public Health and Welfare carries on, under American supervision, the functions for which it is responsible. However, repatriation of millions of Japanese military personnel and civilians from Korea, Manchuria, other parts of China, the Philippines, and Southeast Asia and the return to their homelands of non-Japanese displaced in Japan, are functions for which the United States military authorities have assumed responsibility. In the field of civilian relief, American military government accepts responsibility for supplementing Japanese supplies such as food, clothing, and medicines. The shortage of indigenous food supplies is grave, with the American military authorities attempting, unsuccessfully, to maintain a daily per capita intake of 1,350 calories.

In the United States Army zone of Korea, the military government authorities have taken the initiative in setting up a modern

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public welfare administration. Under Japanese administration, Korea had little or nothing in the way of public welfare service. Most of the social work in that country had been started by foreign religious organizations which had been forced to leave during the decade preceding the outbreak of war. Displaced persons and refugees have been, and for some time to come will continue to be, an important problem in Korea. Refugee centers must be maintained at ports of disembarkation, and on the frontier between the Soviet and United States zones. An arrangement has been worked out between the American Red Cross and the Supreme Commander, Allied Pacific, whereby civilian Red Cross relief personnel will be attached to the newly established Department of Public Welfare in order to help develop a National Korean Red Cross Society. As in Japan, the United States government in Korea also has assumed a relatively large measure of responsibility for supplementing indigenous food supplies in order to prevent disease and unrest among the population.

During 1947 it may be expected that the responsibility of the United States War Department in Germany, Japan, and Korea, as outlined above, will continue along more or less the same lines. In Austria and Italy, on the other hand, it is expected that United States military responsibility for relief and rehabilitation will cease, once treaties of peace have been signed.

VOLUNTARY AGENCIES

Apart from relief given abroad by inter-governmental agencies and the Allied armies, significant assistance is rendered by a wide variety of voluntary organizations. To coordinate their work with that of other similar agencies and of UNRRA, councils of voluntary agencies interested in foreign relief have been formed in the United States, Great Britain, Canada, Australia, and New Zealand.

American Council of Voluntary Agencies for Foreign Service

In the United States the coordinating body is the American Council of Voluntary Agen-

cies for Foreign Service. In October, 1946, it was made up of 62 member agencies, all of which maintained relief work abroad. The membership included long-established agencies such as the American Jewish Joint Distribution Committee (JDC), organized in 1914, and the Near East Foundation, an outgrowth of an earlier agency founded in 1917. The Council included also newly organized agencies such as the Church World Service, representing 26 Protestant communions, and the War Relief Services, functioning under the National Catholic Welfare Conference. Certain member agencies, such as the Greek War Relief Association, American Aid to France, American Relief for Poland, and United Service to China (formerly United China Relief), engaged in operations in a single country only. Other agencies, such as Refugee Relief Trustees and the American Friends Service Committee, carried on work in many different countries. The JDC claims to have helped Jews in 50 countries in 1945 and, over the thirty-one years of its existence, to have aided Jews in every country of the world. Some agencies are particularly interested in one type of assistance, perhaps emergency medical care and relief; others engage in longer-term rehabilitation and reconstruction. See INTERNATIONAL SOCIAL WORK.

The Council works largely through committees. These may relate to work of a particular nature, such as child welfare, cooperatives, or material aid, or may be concerned with the coordination of agency activities in different countries. The Council's Committee on Displaced Persons issued a notable report in 1946, entitled *The Problem of the Displaced Persons* (*infra*).

Fund Raising

During the war years American voluntary agencies soliciting funds for operations abroad were, with but few exceptions, required to register with and be certified by the President's War Relief Control Board. In 1945, some 90 agencies were registered. These expended a total of more than \$87,000,000 for overseas relief and services and, in addition,

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shipped abroad or distributed relief supplies worth more than \$141,000,000.

In 1946 this Board was replaced by the Advisory Committee on Voluntary Foreign Aid of the United States Government, which continues the liaison, advisory, and consultative functions formerly performed by the Board. Although the federal government no longer continued direct control over agencies or their fund raising, such as that exercised during the war, it can still affect operations indirectly through control over passports and the exporting of relief supplies.

From the outbreak of war in September, 1939, through the six years ending December 31, 1945, the organizations registered with the President's War Relief Control Board collected and distributed funds and supplies to the total value of \$464,191,775. Of this, \$265,303,441 consisted of money contributed through the National War Fund, the United Jewish Appeal for Refugees, Overseas Needs and Palestine, and various smaller independent solicitations, and \$198,888,334 consisted of contributed supplies. These latter included \$111,105,246 worth of clothing, valued at \$1.00 per pound, contributed to the United National Clothing Collection. The agencies with the largest cash expenditures in 1945 were the American Jewish Joint Distribution Committee (\$21,873,000), United Palestine Appeal (\$13,920,000), and United China Relief (\$11,403,000).

During the war years many of the foreign relief agencies received funds from the National War Fund. By July 31, 1946, these had received for foreign relief a total of some \$100,000,000, the largest recipients being, in the order named, United China Relief, Russian War Relief, and Refugee Relief Trustees. The announcement that the National War Fund would not conduct a campaign in 1947 compelled American agencies to consider the possibility of some other type of joint financing. However, failure to reach an agreement by mid-1946 made it necessary for several agencies to embark upon their own campaigns. Nevertheless, means were still being explored whereby solicitations might yet be coordinated and, at the local level, be related to community

chest campaigns. See COMMUNITY CHESTS. Prevailing uncertainties raised serious doubts as to whether voluntary agencies previously supported from the National War Fund could continue to raise the funds essential to their operations.

A second joint-financing program has been the United Jewish Appeal for Refugees, Overseas Needs and Palestine which in 1945 raised some \$35,000,000 for the American Jewish Joint Distribution Committee, the United Palestine Appeal, and the National Refugee Service (now the United Service for New Americans). For 1946 the Appeal's goal is \$100,000,000—nearly three times the previous year's receipts. Of this total, the United Service for New Americans is to receive at least \$1,425,000 (and perhaps half a million more), with the Joint Distribution Committee receiving 57 per cent and the United Palestine Appeal 43 per cent of the remainder.

American National Red Cross

The American Red Cross foreign relief program during the war and postwar years has reached from the Union of Soviet Socialist Republics to Tinian in the Pacific, and from Iceland to Southern Rhodesia. Millions of people reduced to desperate circumstances by the war have been aided through the provision of food, clothing, medicines, and personal services. Due to the destruction of hospital facilities in all war-torn countries, medical and hospital supplies of all kinds have bulked large in the American Red Cross program. In practically every country the program has included the distribution of large quantities of clothing produced by local Red Cross chapters throughout the United States.

Between September, 1939, and June, 1946, foreign relief provided by the American Red Cross totaled more than \$170,000,000, of which Great Britain received some \$35,000,000, the Union of Soviet Socialist Republics and France approximately \$25,000,000 each, and Italy and China approximately \$10,000,000 each. Since the Red Cross did not participate in the National War Fund and was not required to register with the President's War Relief Control Board, Red Cross expenditures

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reported here are in addition to those of voluntary agencies reported above.

Funds to finance world-wide civilian relief work done by the American Red Cross have come from both voluntary contributions and congressional appropriations. The residue of the federal funds made available in the fiscal years 1941 and 1942 (\$50,000,000 and \$35,000,000, respectively) lasted into 1944-1945. Voluntary contributions made by the American people in 1940 for foreign war relief work of the American Red Cross totaled \$22,000,000. Various governments-in-exile and voluntary charitable organizations have also given funds to the American Red Cross to finance relief programs in specified countries.

Relief operations have been carried on not only in liberated but also in allied, neutral, and ex-enemy countries. Important aid has been rendered by the American Red Cross in liberated countries in helping to re-establish sister Red Cross societies which had been either rendered impotent by the enemy or taken over completely. One of the outstanding programs carried on in six European countries has been supplementary milk feeding. In the early stages of liberation, the Red Cross rendered services for displaced persons and refugees.

The work of the American Red Cross in foreign countries is carried on with the aid of a singularly small nonindigenous staff. The agency's basic principle of operation is to have its own representatives supervise and observe distribution but to trust actual distribution to indigenous agencies.

THE TASK AHEAD

Although the future of international relief, during the latter half of 1946, was shrouded in uncertainty, there were a number of recent heartening actions which gave hope of further constructive cooperation. Noteworthy among these was that of the Food and Agriculture Organization of the United Nations, which appointed a commission to recommend means for establishing a World Food Board. This would function, on an international basis, much as the Commodity Credit Corporation has functioned in the United States, fixing both buying and selling prices for food and

storing grain for sale in times of bad harvest. While this would be a great forward step it would not provide, for countries lacking it, the foreign exchange necessary for purchasing needed imports.

A second important gain has been the discussions conducted by the Social Commission of the Economic and Social Council of the United Nations with a view to working out international cooperation in social welfare measures of more than national concern.

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FOSTER CARE FOR CHILDREN is provided in institutions and in foster family homes. Increasingly these two types of care are operated under the same administration, permitting a child to have either kind of service when he needs it without transferring him to a new agency and an entirely strange staff. Some children require both types of care, one

in preparation for the other or one because the other has failed to meet his needs.

Types of Foster Care

Foster care is generally thought of as a service to children who are dependent or neglected. It is utilized also, however, in work with children awaiting placement for adoption (itself a type of foster care) and with others who are emotionally disturbed, delinquent, mentally deficient, epileptic, crippled, convalescent, blind, or deaf. See ADOPTION, THE BLIND, CRIPPLED CHILDREN, THE DEAF AND THE HARD OF HEARING, JUVENILE BEHAVIOR PROBLEMS, and MENTAL HYGIENE. In several respects foster care is similar or identical to the care of children in day care centers, sometimes identified as day nurseries, or in foster homes providing only care by the day. See DAY CARE OF CHILDREN. Experience derived from the foster care of children is being utilized also by those who provide care for the aged and other adults, including the mentally ill.

That infants need care in foster homes rather than institutions is being recognized more than ever before. As yet, there remain differences of opinion as to which children beyond infancy profit most from either type of care. In many communities the need for improvement in both institutional and foster home care is so great as to render both types of care seriously inadequate. There is enough adequate service of both types, however, to permit observations as to inherent advantages of each.

A child starved for affection will find it in a good foster home more certainly and more adequately than in a good institution. Any group of three or more brothers and sisters needing foster care is more apt to be kept together and thus helped to conserve kinship if placed in an institution. The too common splitting of brother-sister groups into different foster homes or separating them by sex into different institutions because the institutions care for only boys or girls, constitute serious limitations in present practice. A neurotic child often is irritated by group life in an institution and needs a foster home. A child who

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deeply resents a foster mother because she seems to take the place of the mother he loves may get along much better in an institution than in a foster home.

Temporary care of children, whether for emergency shelter, for reception awaiting placement, or for detention awaiting action of a court, may be provided in foster homes or institutions. The subsidized foster home, ready without notice to care for two or more children, has proved practical in detention. Some communities are developing a combination of institutional detention and detention in foster homes (usually subsidized) thus avoiding construction and operation of unnecessarily large detention homes and providing greater flexibility in segregation of children. *See* Detention Care in JUVENILE AND DOMESTIC RELATIONS COURTS.

Specializations influencing foster care have developed, and still more specializations may be anticipated as social work, psychiatry, medicine, and education become more proficient in understanding children and their problems. An institution restricting its services to those who are crippled, delinquent, or mentally deficient needs to employ specialists in several professions. Likewise, wherever such children are served in foster homes there is need for the same array of specialists.

Skills Required of Workers and Foster Parents

Care of the children of others is complicated by the variety of relationships into which it draws the person providing the care, whether it is a foster mother, a housemother in an institution, or a social worker who carries special responsibilities for the several relationships between the adults involved or between any one of them and the child. Such factors have become apparent as the study and use of mental hygiene have had impact on foster care and other fields of social service. Especially since 1920 there has been increasing recognition of the need for skill on the part of those who administer foster care and of the importance of having the service supervised by professionally trained social workers and the care provided by persons with considerable emotional balance.

The complexity of the problems of many of the children served, even more than the variety of relationships in each foster care situation, is such as to demand reserves of patience and humor and an even more basic qualification—an ability and readiness to accept children as they are. It is not enough, therefore, to provide a home or an institution which meets a conventional list of qualifications, though certain common qualifications such as good health of a foster parent are essential. Compatibility, with the foster parent capable of doing her part in establishing a compatible relationship with a particular child, becomes a goal in foster care. It is important also to sustain such a relationship under strain, to be sympathetic to the child's demands for affection, however extreme, and to give him reasonably consistent care and training.

Re-placements of children, in foster homes or institutions, may do much damage; and one of the objectives in modern foster care is to spare a child any unnecessary uprooting. This means a sturdiness and resilience in foster parents which will allow them to care for a child who tries them out. If already he has had several substitute parents his resentment at having another set of them may tend to wear them out, precipitate another placement, and thus pile still higher his antagonisms. Foster parents also may have their work complicated by a child's mother or father who is reluctant to find another filling the parental role.

Public Recognition of Foster Parents

The value to the community of a strong foster parent is greater than is commonly recognized. The difficulties of the role too often are glossed over in popular campaigns for foster homes, which are inclined to stress only the need of a child for a foster home, and of an adult for those emotional satisfactions which are derived from foster parenthood. The dignity of this form of service to children is so great as to warrant recruitment largely on the basis of the challenges in the difficulty of the task and its importance to the community and the child.

During World War II, established foster home agencies began to distribute awards to

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foster mothers who had completed long periods of service. In some places large audiences witnessed such recognition of those whose role in prewar years was taken too much for granted.

This social approval has not, however, been extended to those who, independently of organized service, operate foster homes. In some communities the number of children receiving care in independent foster homes obviously exceeds the number in foster homes which are supervised by social agencies. These independent homes include those providing day care, those providing continuous care, and some which provide both types of care. Among these independent facilities, and probably constituting a majority of them, are homes so poorly qualified as to place the value of their services in question. No picture of foster home care in the United States is comprehensive or realistic, however, unless it includes these independent homes.

In some states and communities independent homes may be operated legally only if licensed, and through such licensing there is some regulation even though not the supervision which a strong child-placing service gives to the homes it uses. Whether licensed or unlicensed, the growth in the number of independent homes reflects a demand for such care in excess of the services supplied by established agencies. A tendency for independent homes to charge parents too much has been noted, which probably points to inadequacies in the rates of board paid foster parents by social agencies. Likewise, there has been a tendency to crowd too many children into one home. The substandard, overcrowded foster homes which overcharge those they serve have earned derogatory titles such as "baby farms" and "commercial establishments."

The tendency to outlaw such foster care or to regulate it by licensing reflects a superficial approach which ignores the resource which the superior independent foster home constitutes, and evades social and economic responsibility for enlarging those foster care services of the community which are administered by public welfare authorities or by incorporated and responsible voluntary social agencies.

Costs of Foster Care

The rate of board paid foster mothers has been increased, in some places having nearly doubled since 1940. This testifies principally to the inadequacy of previous rates. It has become clear that even with the current higher rates of board, many foster mothers are contributing from their own funds in order to supply the quality of care needed. Consequently those who cannot afford to be philanthropists to that extent are among those who turn to other activities. Previously, placement agencies seldom recognized any responsibility for rent, an item now often included in computing board rates. Failure to make this allowance within the board paid the foster mother for rent of the quarters required for the child is one of the reasons women have rented a room to an adult instead of receiving a child for foster care.

Another reason for a lag in the supply of foster homes is the long-standing reluctance of social agencies to compensate a foster mother for her services, the presumption being that it would tend to commercialize foster care. There now is a tendency in some communities to add to the previous board rate a substantial amount as reimbursement for services, thus acknowledging the services of the foster mother to be essential to society, like the services of the nurse or teacher, and worthy of economic recognition. Whatever philosophies or policies are to prevail, it is becoming clear that our predecessors were indulging in a fallacy when they presumed that foster family care inherently is much cheaper than institutional care.

Rates of board, which in prewar years usually ranged from \$20 to \$30 monthly, now usually range from \$35 to \$45. Where there is compensation for the foster mother's services the amount ranges from about \$50 to \$75 a month, the amount per child being even more when it is a subsidized home. Board rates charged by independent foster homes are known to have been as high as \$125 monthly.

The costs of institutional care have risen sharply. The Duke Endowment's financial

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data¹ on the 39 institutions reporting to it in 1945 show a rise in average operating costs for that year over 1942 of nearly 45 per cent. It is significant that each of the 16 items under which the Duke Endowment data were analyzed showed an increase, even an item "insurance and interest" being 15 per cent higher in 1945. This does not allow for the marked increases in costs of living, and of institutional care, since January 1, 1946.

Institutional operating costs before the war often totaled about \$600 per capita per annum. Where this was true the institution now probably is spending in excess of \$1,000 per capita. There are institutions spending \$1,500 or even \$2,000 per capita per annum, with thrifty administration, where conditions or the nature of the service provided require it. Much of this increase is due to higher costs, but some of it—long overdue—reflects improvements in service. Cheap foster care, whether in the foster home or the institution, can be expected often to fall short of its objective.

The staffing of institutions increasingly is such as to permit those most responsible to understand the children under their care and to meet their needs, emotional as well as physical. During the war years it became more difficult than ever before to obtain qualified workers in institutions. The payroll usually being the largest item in an institution's budget, the increases needed to keep even an inadequate staff and the further increases needed to bring the quality of institutional care to a higher level have in themselves required the raising of additional funds. Institutions unable to make large upward revisions in their budgets are deteriorating or are reducing their capacities.

Two favorable factors which have helped institutions to meet these problems are: a marked increase in income from parents, some institutions and foster home services having doubled or trebled such income; and the tendency to reduce greatly the average length of a child's residence in an institution. The annual per capita cost of care, therefore, has less mean-

ing than heretofore in determining values and in appealing for the support of child care services. The more significant amount is the sum required to complete the service needed per child. At double the previous per capita cost an institution may spend one-half as much per child served if the average length of residence has dropped from two years to six months. An institution which, by more skilled and more intensive (but more expensive) care, thus has cut down the average period of stay will have served a given number of children within a year with one-fourth as many beds as when the stay averaged two years, and will have increased its usefulness to children, their families, and the community.

Influence of Housing Shortage

The demand for both types of foster care has been increased by the acute shortage of family dwellings; and an abnormal demand can be expected to persist until there are enough homes for those who want to keep their families intact. The scarcity of housing also has made it harder than ever before to find suitable foster homes. Another unfortunate result is the tendency of agencies to place an additional child in a foster home, an expedient which sometimes places in hazard the future use of the home and a step which probably dilutes the individual care and understanding which are sought in the use of foster homes. Unless new housing developments include rooms for children, the finding of foster homes during the coming decade may be seriously complicated. See HOUSING AND CITY PLANNING.

Inadequacies of Services for Children of Minorities

The foster care facilities for Negro children in most communities are seriously limited, and except in the most backward localities which lack modern services for all children, the provision for them consistently is less than for white children. The disadvantages usually found in the economic status of Negroes and the traditional inadequacy of their housing are reflected in a higher incidence of neglect and other social problems and a consequently

¹ Duke Endowment, *Year Books*. Charlotte, N.C. 1942-1945.

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greater need for foster care for Negro than for white children. The amounts spent per capita for Negro children usually are less, whether their care be in foster homes or institutions; and those who receive care often are without professional services essential to their welfare. There are some superior agencies for Negro children and in some communities there is similar or identical service for Negro and white children provided by the same agency.

Improvement of foster care for Negro children is being promoted in many communities, and there is increasing recognition by social planning bodies of the need for increasing the number of foster homes and the institutional facilities available to them. A study in 1945 by the Child Welfare League of America¹ showing the trends in three large cities indicated that conditions vary, but that in the most favored communities there is a serious lag in development of suitable services for Negro children.

Many Mexican children in certain states, and those of a few other groups which are afflicted with discrimination, also live under conditions which breed neglect and resultant social problems. For them, as for Negro children, the facilities for foster care usually are less adequate than for the more privileged white population. See RACIAL PROGRAMS IN SOCIAL WORK.

Statistics on Foster Care

Trends in foster care are difficult to trace except in certain communities or states where statistical services are reasonably adequate. The Department of Social Welfare of the State of New York keeps accurate account of children under foster care, and annually reports the number in institutions and foster homes. Community Chests and Councils, Inc., operates a statistical reporting project, transferred from the United States Children's Bureau in 1945, whereby established agencies and institutions from certain communities report regularly the number of children receiving foster care, and certain other services. For the country as a whole, however, there has been

no enumeration of all children in foster care since the United States Bureau of the Census published the pamphlet, *Children Under Institutional Care and in Foster Homes, 1933* (*infra*). The lack of a comparable enumeration, which was due in 1943, leaves us without the comprehensive and reliable data needed to permit tracing the development of foster care in all states and communities. Even the data available under the projects noted fail to include independent foster homes, except those which may be reported by public welfare authorities who license them.

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¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

¹ See Brownell, *infra*.

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HOWARD W. HOPKIRK

FOUNDATIONS AND COMMUNITY TRUSTS.¹ The foundation in its broadest sense is an instrument for the contribution of private wealth to public purpose. As such it is older than recorded history, and includes many types of organizations besides those ordinarily thought of as philanthropic foundations or funds. This article is limited to the foundation in the American understanding of the term, meaning a nongovernmental, non-profit organization having a principal fund of its own and established to maintain or aid social, educational, charitable, or other activities serving the common welfare.

Growth of Foundations

In this more restricted sense the foundation is largely an American social invention. The first American foundation which satisfies our definition was the Peabody Education Fund, set up in 1867 by George Peabody with a principal sum of over \$2,000,000 and devoting itself chiefly to the advancement of education in the South. Then came the John F. Slater Fund in 1882, and the Baron de Hirsch Fund for the aid of Jewish immigrants in 1890. These were the only important foundations of the sort we are considering to be established in the United States during the nineteenth century. The host of such organizations which exist today are principally products of the twentieth century, and of social attitudes and an economic situation which were just making themselves felt at the birth of the century.

Because of difficulties of definition and compilation no complete list of foundations exists at the present time. An idea of the extraordinary growth of this type of social agency, however, may be obtained by comparing the compilations made at various times. In 1900

only four or five foundations had been established. In 1915 the Russell Sage Foundation Library listed 23 in the first edition of its directory of American foundations. According to later editions, the number had increased to 77 in 1924, to 151 in 1930, and to 156 foundations and 31 community trusts in 1938. Edward C. Lindeman in his *Wealth and Culture: A Study of One Hundred Foundations and Community Trusts and Their Operations During the Decade 1921-1930* (*infra*) identified under somewhat different definitions 258 foundations, 73 additional funds which "may or may not be correctly classified as foundations," 40 community trusts, and "202 foundations listed in our files concerning which no information can be secured." The Twentieth Century Fund in 1932 listed 129 foundations of which 24 were community trusts. Raymond Rich Associates, continuing the Twentieth Century Fund series, reported 314 foundations at the middle of 1941, but under definitions rather different from those here accepted. A survey¹ recently completed by the writers of this article for the Russell Sage Foundation, reflecting data chiefly of 1944, lists a total of 505 foundations, screened from original lists totaling about 5,000 organizations assuming the name foundation, fund, or endowment.

Foundations may be classified by method of work into operating and nonoperating foundations. The operating foundations maintain research or service staffs of their own. A few of them also make grants to outside agencies working in related or kindred fields, but a substantial portion of their work of research or service is performed by members of their own regular staff. The nonoperating foundation does not carry on a public service program directly through its own personnel. It maintains a permanent staff only large enough for central administration, and conducts research or studies only in so far as may be necessary to determine the need for grants in particular fields. Its chief function is the making of grants.

Nearly all foundations are of the nonoperating, grant-giving type. Among the operating

¹ For names of foundations concerned with social welfare and related fields listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

¹ See Harrison and Andrews, *infra*.

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foundations which constitute important exceptions to this rule are the American Foundation, Commonwealth Fund, Milbank Memorial Fund, Russell Sage Foundation, Smithsonian Institution, and Twentieth Century Fund.

The total endowment of all American foundations is estimated by the Russell Sage Foundation study at approximately \$1,818,000,000, with an annual expenditure, including direct operations and grants to outside agencies, of about \$72,000,000. The 10 foundations reporting largest capital assets in this survey are, in order of size, the following:

Rockefeller Foundation	\$189,527,823
Carnegie Corporation of New York	166,506,401
Ford Foundation	109,000,000
City Trusts of Philadelphia	88,083,541
Hayden Foundation	50,000,000
Kresge Foundation	47,516,062
Kellogg Foundation	46,825,011
Carnegie Institution of Washington	43,884,844
Commonwealth Fund	42,934,644
Mayo Properties Association	28,299,596

Two additional foundations which did not furnish financial data, the Hershey Fund and the Duke Endowment, are believed also to fall within this asset range.

The study points out that the contributions of foundations to the field of private philanthropy are relatively small in the monetary sense. According to provisional estimates in this survey, the annual budget of private philanthropy in the United States may now approximate \$2,706,000,000. With their \$72,000,000 annual expenditure, all the foundations together spend somewhat less than three cents out of the average philanthropic dollar. But because foundations are organized solely to do an effective job of giving, and are profiting by cumulative experience, they are often the pioneers in new fields and the leaders of progressive movements, exercising an influence out of proportion to the mere 3 per cent of the budget of private philanthropy which is within their control.

The sums most foundations have available for immediate expenditure have been severely curtailed by reduction in interest rates. The survey cites as probably typical the experience of the Carnegie Corporation of New York,

which reported the yield on its investments at 5.2 per cent in its fiscal year 1922-1923, as 4.5 per cent in 1932-1933, and as only 2.7 per cent in 1942-1943. This is a decline of almost 50 per cent in twenty years in funds realized from a given capitalization, and a decline of a full 40 per cent since 1933.

Many foundations are perpetuities by the terms of their charters, and may spend only income. Others may also spend from principal, and a few must disburse the whole of both income and principal within a set term of years. In the last group the Rosenwald Fund is an outstanding example, Mr. Rosenwald having specified that the whole of both income and principal should be expended within twenty-five years of the time of his death. The study reports no widespread agreement among foundations on these policies, but finds "a trend in recent years in the direction of allowing at least discretionary liquidation."

There are serious implications for foundation management in the decreased investment yields of recent years, particularly for the very numerous smaller funds which have been set up. For them, much investigation of appeals received, particularly by a paid staff, becomes uneconomical and inefficient. By force of circumstance many such foundations act chiefly upon the charitable appeals which happen to reach them, and cannot achieve the directed, creative giving central to the idea of the American foundation. In the opinion of the writers of this article, many of these smaller perpetuities might be put to more constructive uses by combination into larger aggregates, possibly by employing skilled advisory service on a temporary basis, or by more substantial immediate expenditures of capital as well as income. A proposal was recently made by the William C. Whitney Foundation for a measure of cooperation and joint action among some of the smaller foundations with similar objectives.

Community Trusts

Community trusts constitute a special class of foundations concerned with problems of social welfare but subject to a certain amount

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of community control that is seldom found in the usual philanthropic endowment.

In practically all such trusts, capital gifts or bequests are received and invested as to principal through the trust departments of qualified local banks and trust companies. The income is distributed, together with such portions of the principal as may be authorized in any trust, under supervision and control of a distribution committee of citizens selected for representative character and knowledge of charitable affairs. An important provision is the reservation of power to the distribution committee to transfer to other purposes any funds which can no longer be effectively used for the ends originally designated, thereby avoiding the dangers of rigid perpetuities.

Community trusts are already important, numerically and in resources, and promise to become more so. The idea originated with Frederick H. Goff of the Cleveland Trust Company, and took physical shape in the Cleveland Foundation established in January, 1914. The character of the work done by foundations, and particularly the Rockefeller Foundation, had impressed Mr. Goff with the probability "that better results and greater efficiency could be secured if the management and control of the property dedicated to a charitable use in each community could be centralized in one or at most a few governing bodies."¹ So high a degree of centralization has not occurred and does not seem probable, but the idea of a central fund in each large community for receipt, custody, and distribution of smaller bequests was a useful one which has grown into about 75 functioning community trusts with resources approximating \$75,092,000 at the end of 1945, according to a survey conducted by the New York Community Trust. Most such community trusts are organized within a single city, a few bear the name of a county, and several are statewide. Their funds may often be used more widely than their names would suggest.

Disbursements of all community trusts in 1945 were reported by the New York Community Trust survey at \$2,021,890, the high-

est on record except in 1940, when a large out-payment of principal by one trust brought disbursements to \$2,225,000. The general twenty-four-year trend in both capital assets and disbursements has been fairly steadily upward. Assets have shown an increase every year, rising from \$7,000,000 in 1921 to \$37,100,000 in 1931, and to \$75,092,000 in 1945. Disbursements have been more erratic. They rose from \$375,000 in 1921 to just above \$1,000,000 in 1931, but remained close to that figure for the next six years of depression. They are now increasing again, having passed \$2,000,000 in the two years noted above. But in general the rate of disbursements to assets has remained lower than in earlier history, standing at 2.7 per cent in 1945. Some of the assets of community trusts are subject to life estates or otherwise "deferred," but the disbursement ratio is also affected by current low yields on investment.

The largest community trust at present is the New York Community Trust with capital assets of approximately \$17,000,000, and 1945 disbursements of \$567,349. The Chicago Community Trust has assets above \$12,000,000, and at least 12 other community trusts have assets exceeding \$1,000,000 each.

New Foundations

In the past biennium many new names have been added to the roster of foundations, but there is little evidence that most of these have, or will acquire, very substantial endowments. The most important financial news of the period has been the announcement of the increase of the Ford Foundation endowment to a reported \$109,000,000, placing it third among all foundations in reported assets. The Hearst Foundation, incorporated in 1945, announced gifts of \$750,000 in May, 1946, for general charitable purposes, but has not stated its capitalization. Two other foundations which may possess substantial endowments are in process of organization, but no statements of purpose or capitalization are now available.

Among the newer names in the foundation roster are the American Foundation for Pharmaceutical Education, which supports scholar-

¹ See Harrison and Andrews, *infra*.

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ships in colleges of pharmacy, aids such colleges, and conducts surveys and research in its field; the Americas Foundation, supporting Pan-American projects; the M. L. Annenberg Foundation; the Charles K. Blandin Foundation in Minnesota, still in process of organization; the Richard Ira Bong Memorial Foundation, for engineering scholarships; the Owen L. Coon Foundation, established in Chicago in 1946, with program not yet fully determined; the Fisher Brothers Fund, established by the five Fisher brothers for support of youth activities in Detroit; the Future Farmers of America Foundation; the Gainsborough Music Foundation; the Josephine A. Gordon Foundation; the Hearst Foundation already mentioned; the Kathryn Long Trust, supporting grand opera and kindred music interests; the Pittsburgh Foundation, a community trust; the Kermit Roosevelt Fund, administered by trustees appointed by the United States War Department to improve understanding between the military forces of the United States and those of the United Kingdom; the Edward G. Schlieder Foundation, in New Orleans; the Soiland Foundation, to endow fellowships for promising young doctors in the field of cancer research; the Leopold Stokowski and Gloria Stokowska Foundation, to aid children and others; and the Woman's Foundation, for the study of problems of women with respect to citizenship, the home, the family, and careers.

There were even more than the usual number of announced "foundations" which, at this stage, are efforts to collect funds as memorials or for specific purposes. Some of these may become true foundations; many will fail in their efforts, or will disburse the funds collected and not attain permanence. Among the more interesting announcements in this field are the Medical Memorial Fund, which collects gifts (memorial or otherwise) for research on all important diseases as a sort of "community chest" of medical research; the Franklin D. Roosevelt Memorial Foundation, for establishment of a school of human relations; and the Alfred E. Smith Memorial Foundation, to perpetuate the ideals of Alfred E. Smith.

A number of business organizations have set up semi-detached "foundations" to handle their philanthropic contributions, often directed largely toward employe welfare. However, the Passano Foundation established by the Williams and Wilkins Company in Baltimore "for scientific and educational purposes" makes awards for special achievement in the fields of its interest.

In recent years there has been a mushroom growth of foundations of the "family" type. Typically, they are set up by a living person or persons rather than by bequest. Many of these are well run, and represent an advance toward more careful and creative giving. A disturbing number of such foundations, however, appear to have no headquarters other than the office of a law firm, to be modest to the point of complete silence about any program for social or public welfare, and indeed to be making no present contributions of any sort from their accumulated and accumulating wealth. It is proposed in some quarters that tax exemption be confined to organizations with an active program for the social welfare, broadly defined.

Fields of Operation

A few foundations were chartered for very narrow purposes—for example, the Hecht Foundation to Furnish Free Coal to the Poor, or the Freeman Pin Money Fund which, when its funds are freed from a lifetime estate, will supply spending money amounting to about \$12,000 a year to the wife of the President of the United States. Some endowments were established solely to provide scholarships or student loans, some to investigate the causes and cure of a particular affliction or to relieve its victims. Highly restrictive charters, however, are the exception rather than the rule, and affect only a small portion of foundation funds.

Most foundations concentrate their expenditures in three fields: education, social welfare, and health. Of the 335 foundations which furnished information for the Russell Sage Foundation survey—and this included most of the larger and more important ones—about half indicated education as an area of major

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interest, and nearly as many indicated social welfare. Health, under which was included medical research and medical education, ranked third in number of foundations concentrating in the field, but undoubtedly was second in terms of funds expended.

All other fields received far less attention. Recreation was a major interest with 51 foundations, many of which are community trusts. In this group was included the handful of endowments devoted to the arts. Thirty-seven specified religion as a major interest, and 26 named international relations and the promotion of peace. Race relations also claimed attention from 26. Only 19 were substantially concerned with problems of government and public administration, and the same number—less than 6 per cent—with the whole broad field of economics.

Methods of operation varied greatly. There is one endowment whose only activity is to build wading pools for children, and another which rewards heroes. On the other hand, a number of foundations are supporting research of various types.

With respect to the small number sponsoring research in the social sciences, the late president of the Carnegie Corporation, Frederick Keppel, once said, "The average man is far from comfortable in the presence of any deep-lying social problems, and in no mood to contribute toward their solution by supporting the very steps he extols when they are applied to problems in the natural sciences."¹ It must be remembered, also, that it is far more difficult to put into use discoveries in the social sciences than those in the physical sciences or medicine.

It is not yet possible to reflect the full change in foundation programs for the reconstruction period. During the war many foundations made substantial grants to wartime agencies such as the American National Red Cross and the National War Fund, but these were usually reported as "out-of-program grants" and did not represent any permanent change in the long-term trend away from the dispensing of individual aid and toward programs empha-

sizing the discovery of facts, education, prevention, correction, and cure.

General Trends

In the light of the varied history of foundations it would be rash indeed to venture upon prophecy for this type of institution. Nevertheless it might be useful to examine certain trends as they now exist, and to point to certain fields which seem open to operation and development.

If, as seems probable, low rates of interest persist and tax rates continue high, few new large foundations are likely to be established from individual fortunes. United States Treasury Department figures on individual incomes of \$1,000,000 or more fell from 511 persons in 1928 and 513 in 1929 to 20 in 1932, and have never since risen above 61, with only 40 in the latest available report for 1942. On the other hand, accumulations through community trusts, through continuing contributions of family corporations, and perhaps by additions to existing foundations may be considerable.

Studies in public administration beckon for increased foundation attention. Multiplication of governmental agencies and services may lead to serious dangers in a democracy unless critical and independent report and advice on the work of these agencies is somewhere provided. Foundations do not need to collect funds or maintain memberships, and therefore can be and are remarkably free from the influence of pressure groups and party politics. They are in an unusually favorable position for conducting impartial studies of the operation of public agencies, and for doing pioneering research into new methods or new areas of need, for which a public agency could scarcely obtain tax funds.

A further opportunity for foundations is now opening up in the international field, where the Economic and Social Council of the United Nations has been charged with the duty of making or initiating studies and reports with respect to international economic, social, cultural, educational, health, and related matters. In the probability that the international machinery may at first prove unwieldy and slow, with funds not immediately

¹ See Keppel, *Philanthropy and Learning* (*infra*).

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available, one or several foundations might render outstanding service to the advance of knowledge and to international understanding by undertaking some of the more urgent research problems.

One of the most interesting potential developments of the immediate future is a National Research Foundation, creation of which was before Congress in several competing bills in 1946.¹ This Foundation, according to the original proposal submitted by Dr. Vannevar Bush, whose Office of Scientific Research and Development produced the atomic bomb, would operate on an annual budget of \$122,500,000, which is 70 per cent more than the total annual expenditures of all the private foundations in the United States. Nevertheless it is proposed for merely the natural sciences, including biology and medicine. A national agency conducting research on such a vast scale should, in the judgment of the present writers, be under careful safeguards to protect the objectivity of its findings, and should include the social sciences and the humanities in its program.

The question of public control is a subject of continuing debate. Foundations are clearly affected with the public interest. Functions which they once performed have in many cases been taken over by federal or local government, and many of their present demonstration programs may lead to governmental programs in the future. However carefully they may avoid overt attempts to "influence legislation"—with the Bureau of Internal Revenue not unremembered—it is inevitable that the results of foundation research will sooner or later affect public policy. Over organizations exercising influence of this kind, how far, if at all, should public control be exercised?

In the early days of foundations in America there was much controversial discussion on the subject of governmental control, and extreme proposals were made. Longer experience has shown that most of the early fears re-

garding foundations were groundless. Criticism still continues, but the critics, curiously enough, have usually fallen into one of two opposite camps. The theoretical critics, who deal with the idea of the foundation, usually regard it as an ultraconservative influence, ruled by the dead hand, dealing in palliatives rather than in constructive change, and controlled by trustees who are typically older men from conservative professions who may be expected to use their considerable powers to maintain the old order. Critics of individual programs, on the other hand, are likely to charge that foundation influence is irresponsible, radical, and subversive. Probably the truth lies in a middle ground between these criticisms, where wide opportunity exists for creative thinking and constructive work.

One of the most effective forms of control has been public opinion. Serious abuses of power seem unlikely so long as the actions of boards of trustees and foundation executives are open to public review and comment. Many foundations are careful to publish full reports of their actions; unfortunately another large group, including many of the newer family foundations, fail to do so. It is probable that increased pressure will be brought upon all foundations enjoying tax exemption to furnish full reports on both finances and activities. Unless informed public opinion is available as an effective control throughout the foundation field, renewed demands for rigid governmental controls may arise, and foundations may lose one of their most useful present assets, their freedom for independent and pioneering action.

Some degree of public representation, if not control, may be achieved through the method of selection of the board of trustees. It has already become almost universal practice among community trusts to have certain of the trustees, sometimes a majority, appointed by elected public officials or representatives of public groups, such as a judge, a governor or mayor, a president of a college, an executive officer of a chamber of commerce, a labor union counselor, or a president of a county bar association. A few general foundations

¹ A bill (S.1850) was passed in the Senate, after the social services were stricken out by amendment. It was not considered in the House before Congress adjourned.

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have similar provisions for appointment of some of their trustees, and it is a policy which seems likely to be increasingly adopted. It may, however, also have serious drawbacks. In some states or localities appointment of trustees by public officials might subject the foundation to partisan political influences with disastrous results.

Another form of public control is the power of taxation. At present, its chief application is in penalizing foundations which engage to any large extent in what the law refers to as propaganda, or other attempts, to influence legislation. It might be extended to discouraging foundations which simply accumulate income and have no present program for the public welfare. The United States Treasury Department has made proposals to tax all philanthropic funds. This is not the place to discuss the merits and demerits of so sweeping a proposal. With respect to foundations, it would seriously limit the funds available for present work now done in the public interest, and might be expected to discourage future application of "private wealth to public purpose" through foundations.

It is also possible that other influences might cut short or radically alter the history of this typically American invention, the private foundation. Continued low interest rates will limit funds currently available unless expenditure from capital becomes more general. A severe inflation or another war conceivably might wipe foundations out completely. But in the shorter range, and barring major catastrophes of this sort, it seems probable that American research foundations, now about to enter their second half-century, will continue to be an independent, original, and important force for social progress.

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GUIDANCE AND COUNSELING,¹ in a generic sense, are undertaken by many professional and nonprofessional workers as either a major or minor part of their jobs. The terms are applied rather loosely to a wide range of activities having to do with human relationships, from highly skilled psychiatric service, at one end of the scale, to the informal giving of advice by inexperienced and untrained people, at the other. Frequently the terms are used interchangeably.

In the educational world, guidance has been defined as "the broad, comprehensive program of services and activities directed toward assisting students in solving problems and making adjustments for full development and usefulness in life," whereas counseling has been called "that phase of guidance carried on through direct personal contact and relationship with the individual student."² More universally, counseling may be regarded as being

¹ For names of national agencies in this field listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

² See Klein and Moffitt, *infra*.

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a process whereby an individual has opportunity to verbalize his problem with a person skilled in interviewing. He is thus enabled to see his problem in a new perspective, to reorganize his feelings and attitudes, and if possible to take positive action regarding his difficulty.

Interviewing is the primary technique used in the counseling of persons. One authority has defined interviewing as "talking with people—skilled, controlled talking, talking with a purpose. It involves a give-and-take between the counselor and counselee" and is characterized by "observation, listening, and questioning."¹ Social case work and psychiatry have contributed greatly to the development of the interviewing technique. See MENTAL HYGIENE and SOCIAL CASE WORK.

Auspices and Methods

Counseling and guidance are practiced, with varying degrees of effectiveness, in many settings. One of these is social work, where agency staffs are called upon to counsel with people upon a wide variety of personal and group problems; and whether this be done through the social case work process or informally, as across the desk of a boys' club secretary, the objective is essentially the same. Another is the process of counseling with and giving guidance to high school and college students, which is carried on in quite a different setting. Vocational counseling is still another variation; it may be done not only as a part of school counseling but also in connection with employment services and programs of vocational rehabilitation of the handicapped. Again, facilities may be provided for counseling with members of special groups, such as veterans or unemployed older workers. Many pastors offer religious counseling to their troubled parishioners. Marriage counseling is a new and specialized service in which sex education plays an important role. During the recent war industrial and union counseling were developed, the first as a variation of personnel work in industry, the second as a service rendered by labor organizations

to their own memberships, particularly in crowded war-industry communities. Other settings could be mentioned, but these are sufficient to be indicative of the range wherein counseling and guidance are practiced in our complex social organization.

The common denominator in all counseling and guidance operations is the relationship of two persons: the one in need of counsel, guidance, or assistance with his problem, the other attempting to help meet this need. The success of the counseling effort hinges on the effectiveness of this relationship, and this in turn on the ability of the counselor to discharge his responsibility within it. Counseling is too often thought of as merely giving of advice, but the more experienced and skilled the counselor, the less need he has to give advice.

The relative values of nondirective counseling versus directive counseling are much debated among some professional counselors. One of the leading exponents of nondirective counseling says of it, "The primary fact which has given nondirective counseling its impetus is the realization that a predictable, measurable process can be set in motion in the client—a process which releases forces of self-directing initiative, and forces making for psychological growth."¹ Both schools of thought have strong advocates who are articulate in describing the merits of their particular technique.² There may be value in both techniques, depending upon the situation in which they are used.

Counseling in the Schools

School counseling begins at the time the child first enters school and continues through his entire school experience. Much of it is done by the teachers. In the larger school systems, special pupil personnel services have been developed to augment this informal counseling. Child labor laws and compulsory education laws have given impetus to this development, by making it necessary for educators to deal

¹ Rogers, Carl. "Psychometric Tests and Client-Centered Counseling," in *Educational and Psychological Measurement*. Spring 1946.

² See Rogers, *infra*.

¹ See Garrett, *infra*.

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with older children who might otherwise not be in school.

Nearly every school system in the United States has attendance workers whose job, at least potentially, is to work closely with the child, the school, the home, and the community to aid in the best possible school adjustment for each particular child. The school doctor and nurse know that the happy, contented child must be in good health. It is their function not only to be constantly alert to signs of illness and to carry on a preventive health program but also to be available for consultation with teachers and parents. The school psychologist is another specialist who, in the larger school systems, evaluates the pupil's potentialities and reviews his achievements, to see if they are satisfactory, and if not, what the difficulty may be. See *PSYCHOLOGICAL TESTING IN SOCIAL WELFARE*. The visiting teacher or school social worker interprets to the school and to the home the maladjusted child's needs, and endeavors to bring about the cooperation of all in dealing with them. Some schools have psychiatrists on their staffs who are available for counseling with the students, teachers, parents, and the other pupil personnel workers on the school staff. Effective administration of a pupil personnel program demands that recognition be given to the whole personality of the child in administering to his individual needs and that there be a well-coordinated pupil personnel division, directed by a single administrative officer under the superintendent of schools. See *SOCIAL AND HEALTH WORK IN THE SCHOOLS*.

Vocational Counseling

In addition to the above-named pupil personnel workers, most city school systems have vocational counselors or guidance workers on their staffs. In the senior and junior high schools, vocational planning is an important aspect of the counseling program.

Vocational counseling is the process of helping an individual to think through his vocational plan. As one phase of vocational guidance, it has been defined by the National Vocational Guidance Association as "the

process of assisting the individual to choose an occupation, prepare for, enter upon, and progress in it." As a well-defined program it may be found not only in schools but also in colleges, employment services, social agencies, youth agencies, and special bureaus established for the purpose of giving vocational guidance. Professional workers are known by a variety of names: vocational counselors, vocational advisers, deans, vocational psychologists, employment counselors, wartime counselors, and so forth. Vocational counseling concerns itself with several functions: studying and disseminating information about occupations; studying and counseling the individual; placing the individual in employment; and following up to evaluate the success of the counseling and placement service.

Minneapolis has recently reviewed its counseling program. In addition to making careful study of guidance services, a job analysis was made of the work of the junior and senior high school counselors and deans who are carrying counseling responsibilities.¹ The Occupational Planning Committee of the Welfare Federation in Cleveland is working upon an occupational analysis to be entitled *Occupational Inventory: A Study of the Number and Kinds of Jobs in Cuyahoga County, Ohio*.

Veteran Counseling

The returning serviceman, with his interest in further training and education, has given impetus to the expansion of some counseling services and, in many situations, to the development of new services. Under the auspices of the Veterans Administration, advisement and guidance services to veterans are provided under Public Laws, No. 16 and 346, 78th Congress, as follows:

1. "Vocational advisement" is provided under Public Law 16 for the purpose of helping the veteran who has a vocational handicap resulting from a service-connected disability, in the selection of an employment objective and such training as will enable him to over-

¹ See *Bulletin of the National Association of Secondary School Principals* (*infra*).

come his handicap by becoming qualified to secure employment in an occupation for which the training will fit him. This counseling includes analysis of the claimant's occupational capacities, as affected by his disability; study of his vocational interests and desires; and application of occupational information to the facts found respecting these factors.

2. Vocational guidance is provided for non-disabled veterans and veterans having non-service-connected disabilities under the provisions of Public Law 346 (Servicemen's Readjustment Act). This counseling is mainly for the purpose of effecting the employment adjustment of veterans who desire assistance in obtaining, or preparing for, employment because their return to preservice employment is impeded, due to the fact that the preservice job no longer exists or because employment in the field of their former occupation is no longer advantageous. Such counseling is necessary since many veterans have had entirely new occupational opportunities opened to them as a result of their experience and training in the armed services. Some have not wished to return to their old jobs but are eager to use their new skills in a different occupation or to obtain advanced education. A large percentage of the young veterans never have had work experience, since they went directly from educational institutions into the armed forces.

3. Placement counseling is provided to prepare the counselee for making proper efforts in his own behalf, and for cooperating effectively with advisers, training officers, and others acting for him, for the purpose of finding suitable employment and making appropriate contacts with prospective employers to secure suitable employment.

4. Educational guidance is provided for the purpose of indicating to the veteran what further education, if any, he should pursue in order to capitalize on his potentialities and bring him to the stage where he can best function in civilian life.

5. Personal adjustment counseling is provided to assist veterans who are not well adjusted emotionally and need the services of professionally trained personnel in dispassionately analyzing their problems, for the purpose of providing the insight and understanding essential to overcoming or avoiding emo-

tional disturbances, mental attitudes, social conflicts, and other conditions that cause maladjustments which interfere with the successful pursuit of vocational or educational objectives.¹

In addition to the counseling service under the Veterans Administration, many communities have established special counseling services for veterans. For example, the Veteran's Education Counseling Service, sponsored by the Los Angeles Board of Education, has the following chief functions: coordination, correspondence pertaining to military credit evaluation, Veterans Administration referrals, and service comprising a program of testing and counseling.² The Connecticut State Department of Education has a plan of meeting the counseling needs not only of veterans but of other adults as well.³ See VETERANS' BENEFITS AND SERVICES.

Counseling and Adult Education

Most colleges, universities, and municipal boards of education have extended their adult education counseling facilities to serve the veteran; and it is hoped that they will maintain this service in the future for the adults of their community. The need for adult counseling centers and the ways in which some communities have organized for community adult counseling service are discussed in the February, 1945, issue of *Occupations: The Vocational Guidance Journal*. A recent publication, *Counseling Techniques in Adult Education*, gives some very practical suggestions on the problems and techniques of adult counseling.⁴ See ADULT EDUCATION.

Religious Counseling

One of the oldest forms of counseling is that done by ministers of all faiths. In time of trouble, people turn to the church for help. One writer describes pastoral counseling as "the endeavor by the minister to help people

¹ See Scott, *infra*.

² Dingilian, David H. "Counseling Returning Veterans," in *Adult Education Bulletin*. April 1946.

³ Connecticut State Department of Education. *Post War Educational Services of Veteran and Adult Workers*. Hartford. January 1946.

⁴ See Klein and Moffitt, *infra*.

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through mutual discussion of the issues involved in a difficult life situation, leading toward a better understanding of the choices involved, and toward the power of making a self-chosen decision which will be as closely bound up to religious reality as the people are capable of under the circumstances.¹ The importance of pastoral counseling was re-emphasized during the recent war years. The religious counselors met a real counseling need and were called upon to help men and women entering the armed services, the families of servicemen, the emotionally disturbed dischargee, and the returning veteran who needed help in reorientation.

Premarital counseling has become an increasingly important function of the minister. His interest does not begin and end with the marriage ceremony. Rather, it starts with young people's groups in their discussions of boy-and-girl relationships, courtship, and preparation for marriage, and goes on to individual premarital counseling. After the marriage, the minister counsels in respect to family living. In the counseling process, most ministers make use of the health and welfare resources of the community.

Colleges and universities concerned with the education of religious leaders have recognized the importance of training their students in the art of counseling. Courses in counseling techniques, psychiatry, and social case work are among the opportunities offered in some schools. Supervised field work experience in mental hospitals and social agencies is arranged for students especially interested in counseling. Progress has been made but, as in other forms of counseling, procedures and methods are not too well established.

Marriage Counseling

Marriage and family counseling is an emerging specialty in the field of human relations. It takes account of the sociological, psychological, and physiological aspects of family living and has developed from concern with the breakdown in family life which results in so many divorces. Marriage counsel-

ing services, though given informally by ministers, psychologists, teachers, lawyers, and doctors, are also provided in a few communities in specialized marriage counseling centers. Examples are the Maternal Health Association in Cleveland, Consultation Center in New York, Association for Family Living in Chicago, and the Merrill-Palmer School in Detroit.¹ Family service societies render considerable service in this area through their normal case work operations. See FAMILY SOCIAL WORK. A good list of the professional organizations which are interested in marriage counseling may be found in Groves' *Conserving Marriage and the Family* (*infra*).

Industrial and Union Counseling

Management's major problem during the war was human relations. Goods could not be manufactured, production schedules maintained, or supplies shipped to the far theaters of war unless workers were helped to stay at their jobs and to maintain production at the maximum. Personnel departments, facing this problem, reviewed established counseling programs such as those of R. H. Macy and Company, the Metropolitan Life Insurance Company, and especially the pioneer work started in 1927 at the Hawthorne Plant of Western Electric Company. Based upon the Western Electric experience² many companies established similar counseling programs. Likewise, the federal government during World War II used employe counselors in most of the major federal agencies.

Women were hired in large war factories to counsel with women employes. Training courses were instituted by the company or in cooperation with local colleges and universities to train these counselors. Departments of industrial psychology and some schools of social work assisted in this training. There was a dearth of usable teaching material, and in one attempt to meet this need, *Counseling Methods for Personnel Workers* was written.³ Case material submitted to the author of this

¹ See Goldstein, *infra*.

² See Roethlisberger and others, *infra*.

³ See Garrett, *infra*.

¹ See Hiltner, *infra*.

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manual was used to illustrate the various problems which arise in industrial counseling situations. It is generally agreed that counselors in industry should be fully acquainted with and should use the community's resources, particularly those in the social work field. As a result there has been an attempt to develop close working relationships between the community agencies and industrial counselors, with a clarification of the function of each.

During the war period, unions were stimulated to develop their own counseling service. One author has pointed out that this came about because all-out industrial mobilization, with resulting full employment, freed organized labor from its chief preoccupation, giving it an opportunity to turn its attention to other needs of workers; health and welfare programs have become an important element in labor's present thinking and planning; increased cooperation between labor and social agencies has given unions some insight into the effectiveness of social work techniques and a desire to bring the benefits of social work to the rank and file of union membership; and the direct example of management counseling, concerning which labor has misgivings, stimulated union activity.¹ Some unions have trained their own members as counselors, while others have had a liaison staff member to assist in the referral of cases to social agencies. *See LABOR AND SOCIAL WORK.*

Employment Counseling

Successful job placement is dependent upon skillful employment counseling by trained, experienced counselors. The policy with respect to employment counseling of the United States Employment Service is to provide "as a part of regular local office operations, employment counseling service to any applicant of employable age who requires and wishes the additional assistance that counseling can provide in becoming vocationally adjusted; to refer to other agencies those applicants requiring assistance which other agencies are better equipped to provide; to coordinate its

counseling activities with activities of other groups and agencies in the community."¹ Employment counseling involves an elaboration or intensification of the methods and techniques involved in all employment office functions in the interest of those applicants who need special assistance preparatory to employment or concurrent with employment. *See EMPLOYMENT SERVICES.*

Many of the Young Men's Christian Associations and some of the Young Women's Christian Associations offer employment counseling to anyone seeking their service. In most instances the counseling is supplemented by testing and job placement. The local Jewish Vocational Services and Urban Leagues make available to their clientele employment counseling as one phase of their vocational guidance service. Social agencies frequently maintain employment counseling service for clients who present special problems, such as the blind, the hard of hearing, the physically disabled, and the emotionally disturbed. In Cleveland, for example, the Vocational Guidance Bureau of Children's Services, established in 1942, serves the financially participating agencies of the Cleveland Welfare Federation. This Bureau offers employment counseling and job placement as a part of the major function of vocational guidance.

Employment counseling is also done by individual local schools or by a central placement department of the local board of education. Some schools share the employment counseling responsibility with the local office of the United States Employment Service. Most colleges and universities maintain employment counseling service for their students and alumni. Some of the private fee-charging agencies do employment counseling as a part of job placement.

Returned veterans and displaced war workers have emphasized the importance of communities having available adequate employment counseling facilities. The criterion is not that the individual gets a job but that he is well placed, happy, producing satisfactorily,

¹ See Palevsky, *infra*.

¹ See U.S. War Manpower Commission, *infra*.

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and satisfied that he is making a contribution to society.

Counseling in Youth Agencies

Group work agencies recognize that counseling in some form is inherent in their programs, which cannot effectively meet the needs of their clientele unless individuals are counseled in relation to their selection of group work activities. The settlement worker has an intimate knowledge of his community as well as the needs of the individual who participates in the program, and because of this is frequently called upon to counsel in respect to many personal problems.

In the group work agencies there is a wide range of activities which call for skillful counseling. The Young Women's Christian Associations and the Young Men's Christian Associations have assumed an increasing responsibility to their clientele in the area of personal counseling. Some Associations have trained counselors on their staffs for counseling with the individual who comes, either on his own volition or by referral from another staff member, for consultation. The function of the counselor in the Young Women's Christian Association has been described as being "more closely akin to short contact, time-limited case work, than to anything else. Enough information must be secured from the individual or about her to give understanding. The client may require one or several interviews. She may require referral to a special community agency or service. She may have needs which can be completely served in the association."¹

Counseling in the Boy Scout and Girl Scout organizations is carried on chiefly by scout leaders. The Boy Scout "character court" and its merit badge program provide opportunity for counseling. Likewise, the leaders of the Y-Teens (the younger girls' division of the Young Women's Christian Associations) and Camp Fire Girls counsel with individual girls whenever the need arises. Similar counseling services are given by Young Men's Hebrew Associations, Young Women's He-

brew Associations, and Catholic youth groups. See YOUTH SERVICES.

The Future of Counseling

The future of counseling depends upon the willingness of counselors to establish their job on a scientific basis. To do this, experienced counselors must accumulate records which may be subjected to careful research.

They must develop new methods and techniques and in light of new knowledge, modify old techniques. The allied fields of social case work and psychiatry need to be examined for what they have to contribute to the counseling process. Counselors must be willing to accept criticism of established techniques, to aid in the construction of new methods, and to incorporate these methods into their work. The training program for counselors needs to be extended and enriched. Counselors should have opportunity for supervised field work experience in a recognized counseling program.

Communities should review their counseling facilities to determine what an adequate counseling service should include to meet their particular needs. Existing services should be re-evaluated for clarification, so that present and future needs may be better determined.

The counseling emphasis must be on prevention of serious maladjustments. People need to be educated to the use of counseling as a preventive measure. To accomplish this, counselors must become professional in principle and practice and be willing to accept the responsibility incumbent upon such levels of achievement. Counseling is employed in many of the professions, and service is rendered under many different auspices; but wherever it is used there is an obligation to perfect the techniques through research and by the training of competent personnel.

The leading professional organizations are the Council of Guidance and Personnel Associations and its constituent groups: the National Vocational Guidance Association (largest of the groups), National Association of Deans of Women, American College Personnel Association, and nine smaller organiza-

¹ See Anderson, *infra*.

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tions. The Council coordinates the program for the annual meetings of its three largest constituent members.

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OLIVE K. BANISTER

HOUSING AND CITY PLANNING.¹

More than two generations of activities designed to ameliorate unsatisfactory housing conditions have led to the general acceptance of an objective that calls for the provision of adequate housing for all the people. Adequate housing means housing of at least a minimum standard for everybody, with housing above this minimum available to those who can afford it. In the context of city planning, adequate housing means not only dwelling units that are of satisfactory design and arrangement, are properly equipped, are of sound construction, and are not overcrowded; it also means dwellings — whether in single, double, or multiple-unit structures — that are suitably related to their sites in terms of light, air, family privacy, adequate outside space, and attractiveness. It calls for neighborhoods that are of such scale, design, and relationship to the larger communities of which they are parts and having such facilities and providing such services as make them convenient, attractive, and healthful, and pleasant places in which to live.

PRESENT HOUSING SITUATION

The nation is far from the goal above stated. Deficient housing production and widespread neighborhood deterioration have combined to produce a housing supply that, qualitatively, is over one-third substandard and, quantitatively, was at the beginning of 1946 about 3,000,000 units short of absolute need.

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

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The 1940 census of housing found that there were 37,300,000 dwelling units in the country — 29,700,000 urban and rural nonfarm and 7,600,000 farm dwellings. According to the census classification of “needing major repairs or without private toilet or private bath,” over 38 per cent of all nonfarm dwellings and over 92 per cent of all farm dwellings were substandard. These figures do not take into account substandardness by reason of either overcrowding or environmental deficiencies, but relate only to the physical condition of the dwelling. While 28.6 per cent of all urban dwellings were substandard by condition, another 8.3 per cent, although in good physical condition, were substandard by reason of location in slum areas.

Beyond these conditions, large and unestimated amounts of urban housing are located in neighborhoods that are on the down grade, or that are improperly designed in terms of satisfactory living conditions. It may be that the buildings are crowded too closely together, or that there is an unsatisfactory relationship between the residential use of the land and the movement of traffic, or that desirable neighborhood facilities are lacking, or that more intensive land uses are so near-by as to be detrimental, or that neglect of maintenance has begun to be contagious. Frequently there is a combination of these conditions, and the resulting impairment of desirability is often accentuated by pollution of the city's atmosphere. Without doubt the greater part of the urban housing in the country either is substandard by reason of condition or of location in slum areas, or is otherwise undesirably situated.

During the latter part of the 1930's a small amount of housing (now totaling less than one-half of one per cent of the total supply) was produced with the aid of public subsidies for low-income families. Other than this, housing has always been produced, quite naturally, for the most profitable segment of the market. The National Housing Agency has divided the housing market into high, middle, and low segments, defining them by rental ranges, and finds that 33 per cent of the total housing need is represented by the high segment, 38

per cent by the middle, and 29 per cent by the low. In terms of quality of housing heretofore available, the lower part of the market is found to be larger than these figures indicate. The high market becomes that which is served by adequate housing, and for which most of the new housing is built. The middle segment is served by a small amount of new housing but primarily by older housing, ranging down to deteriorated and slum housing; while the low segment is served only by substandard housing.

The National Housing Agency has stated¹ that the outstanding characteristic of the house-building industry has been its extremely fluctuating and unstable character. In 1925, 937,000 dwelling units were produced; in 1933 the total was 93,000. The annual average production for the decade 1920-1929, inclusive, was 703,000; for the 1930-1939 decade it was 273,000 — less than two-thirds of the net increase in the number of families in the population. Over the two decades production should have been more than twice as great as it was in order to care for the need for additional houses and to make a reasonable beginning in the replacement of substandard housing.

Deficient total volume of housing production continued through the defense and war periods, with housing built where and as war need dictated. Of a total of around 2,000,000 units produced during this period, about one-quarter were of temporary construction, ultimately to be removed.

By the end of the war the housing shortage had become critical. When mass demobilization began in October, 1945, there were an estimated 1,200,000 nonfarm families in the country living doubled up with other families. At that time it was estimated that by the end of 1946 about 1,600,000 married veterans without established homes would be discharged, and that an additional 1,300,000 single veterans and 560,000 nonveterans would have married and would be in search of dwellings, thus making a gross need of 4,660,000 nonfarm houses. It was estimated that less than

¹ See *Housing Facts* (*infra*).

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1,000,000 of this total would be provided through the unprecedentedly small number of existing vacancies and vacancies occurring through family dissolution by death or otherwise.

Veterans Emergency Housing Program

Early in 1946 the Veterans Emergency Housing Program was formulated under the direction of the Housing Expediter, who is also Administrator of the National Housing Agency. Balancing the maximum housing production that could reasonably be expected and the maximum extent of doubling up that could reasonably be tolerated, the program set a goal of 2,700,000 low and moderate-cost houses to be started by the end of 1947. This goal was broken down into the following specific objectives: (a) for 1946, 1,200,000 houses started, of which 700,000 would be conventional-type permanent houses, 250,000 permanent prefabricated houses, and 250,000 temporary units (200,000 units through re-use of war housing and 50,000 trailers); and (b) for 1947, 1,500,000 houses started, of which 900,000 would be conventional-type houses and 600,000 permanent prefabricated houses.

In February, 1946, the Housing Expediter announced the details of the Veterans Emergency Housing Program,¹ calling essentially for (a) greatly expanded production of building materials by a variety of means, the principal one of which was premium payments for production above levels otherwise attainable; (b) expansion of the labor force engaged in the production of building materials and in house construction; (c) postponement of all deferable and nonessential construction and establishment of a system of priorities on construction materials for house builders, for houses to sell for not more than \$10,000 or to rent for not more than \$80 per month, with preference for veterans and their families; (d) expansion of factory fabrication of construction units and of complete houses; (e) resumption of the more liberal mortgage insurance that had been available during the war under Title VI of the National Housing

Act, to be applicable to low-cost housing up to 90 per cent of value, based on necessary current costs; (f) curbing of inflation through effective price control on building materials, ceiling prices on new and existing houses and on building lots, and continuation of rent control; and (g) adoption of the General Housing Bill of 1946 (the Wagner-Ellender-Taft Bill), discussed later.

Congress adopted most of the emergency measures of the program and granted extensive emergency powers to the Housing Expediter, but refused to apply price controls to already existing houses or to building lots, and reduced to \$400,000,000 the \$600,000,000 that was requested for premium payments to stimulate the production of materials. Congress also provided \$250,000,000 for making war housing available for re-use (in addition to \$191,000,000 previously appropriated). The most serious setback to the program was the failure of Congress to pass the Wagner-Ellender-Taft Bill, since this was designed to bring about a continuing high production of housing and since it provided the only means, except in the state of New York which has its own program, for the production of any housing whatever for low-income families.

The principal implementing legislation for the emergency features of the program was the Patman Act. This did not become law until May 22, 1946, with the result that the program did not get under way until nearly the middle of the year. It began to be effective almost at once in stimulating the production of materials, but serious shortages continued to exist because of the depletion of stocks on hand and in the channels of trade, and because of greatly increased demand. There was also evidence of some diversion of materials to the "black market." On September 1, 1946, the Housing Expediter further curtailed nonresidential construction, required a larger flow of building materials into residential construction, gave greater effectiveness to priorities, and strengthened compliance procedures.

During the first seven months of 1946, construction was started on about 600,000 dwelling units — well on the way toward the accomplishment of the first year's goal. During

¹ See Wyatt, *infra*.

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this period 287,000 dwelling units of all types were completed. Of this total about 194,000 were permanent dwellings, and 70,000 of these had been started in 1946.

During 1946, construction was greatly handicapped by shortage of materials as well as by high costs resulting from increased prices and from uncertainty as to the availability of materials. Estimates of the increase in costs over the costs of prewar residential construction varied from 40 per cent to over 100 per cent. Local housing authorities, with federal funds for the completion of projects deferred by the war, and the authorities operating with state aid in New York, found it virtually impossible to proceed because of increased costs.

While formidable obstacles stood in the way of getting a large house-building program into high gear, the measures being taken to that end together with the pressure of the continuing acute housing shortage made it clear that a heavy volume of construction could be expected. Many localities began to check up on the effectiveness of their planning measures in order to assure sound and beneficial community development and to obviate the detrimental effect of such unregulated "boom" construction as took place during the 1920's.

Rent Control

The increasingly acute housing shortage necessitated the continuation and extension of rent control during 1946. See *Anti-Inflation Programs in CONSUMER PROTECTION*. During the first eight months of the year control was extended to 69 additional areas, bringing the total to 544. The areas covered include nearly one-third of the counties in the nation, with a total population (as of 1940) of 98,158,976. For the bulk of these areas rents as they were on March 1, 1942, were set as the ceilings, but the base date varies from early in 1941 in the case of some of the areas first brought under control, to as late as March 1, 1946.

Federal price control expired on June 30, 1946, and was re-established on July 25, 1946. During this interval there were sporadic examples of sharp increases in rent, but because

of the fact that the length of the break in federal control was shorter than the thirty days' notice generally required for rent changes, together with the fact that widespread public demand indicated that rent control would be quickly resumed, there was no general breaking of the dike. Under legislation previously adopted, state-administered rent control became effective in the state of New York as soon as federal control ceased; the legislatures of Louisiana, Michigan, New Jersey, and Rhode Island passed emergency rent control legislation; special legislative sessions were called in several states; and rent control was established by governors' proclamations in a number of other states. In addition, eight cities in California and ten in other parts of the country established rent control by municipal ordinances. All these measures operated only during the gap in federal control. The District of Columbia continued under its own rent control legislation, which antedated federal price control.

LONG-RANGE REMEDIAL MEASURES

The Interest of Government

It has come to be widely recognized that governmental measures — of one kind or another and at one or more of the various levels of government — are required in connection with every part of the complex process of producing good houses in good neighborhoods and good neighborhoods in sound, orderly, and attractive cities. The path to this recognition has been a long one. Except for occasional examples of philanthropic housing, the public attack on the housing problem was long made solely by way of regulatory measures, first to prevent or eliminate seriously hazardous conditions, and then to require observance of affirmatively beneficial standards. During the decade 1910-1920 such regulatory measures began to be joined by zoning, with its power to protect residential neighborhoods from the intrusion of detrimental uses and to establish standards of open space and population density for new residential development.

Zoning was a new concept in city planning, which had theretofore been concerned prima-

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rily with city embellishment, public buildings, thoroughfares, and recreation areas. True, more than thirty-five years ago there was evidence of some awareness of a community of interest on the part of city planners and advocates of better housing. However, the two groups went their separate ways and it was a quarter of a century before the "housers" began to see — in terms of effective activity — that the problem of providing adequate housing must be approached within the framework of comprehensive city planning; and before planners began to discover that adopting zoning regulations and widening streets and establishing parks could not of themselves produce good neighborhoods occupied by good houses. Neighborhoods continued to decay under the very mantle of zoning; the widened thoroughfare frequently did violence to neighborhood integrity and produced a long ribbon of blighted frontage; and while the park might somewhat improve an undesirable neighborhood environment, it could not give rise to better housing than the occupants could afford to rent or buy.

Among the now accepted concerns of government with housing and city planning are:

For the local government: (1) Making studies and analyses of the physical, economic, social, and cultural characteristics and trends of the city, including specific studies of housing conditions and needs. (2) Formulating broad plans for correcting features of the city's development that are deficient or undesirable and for guiding the city's future development in accordance with sound standards. (3) Putting into effect protective regulations (a) covering soundness of construction of buildings and quality of installations in them (building, plumbing, and electrical codes); such dwelling features as arrangement, room size, window space, sanitary facilities, and occupancy (housing codes); the use of land and buildings, the height and bulk of buildings, the open spaces about buildings, and the density of population (zoning regulations); the layout and improvement of new subdivisions (platting control); and the location of buildings with respect to planned sheets (the official map, or corresponding measure); and (b) requiring the maintenance

of buildings in safe and sanitary condition, and closing to occupancy or requiring the removal of buildings falling below specified standards. (4) Providing the public facilities and services that are necessary to sound community and neighborhood living. (5) Taking the initiative in providing public housing for families and persons who can get decent housing in no other way, and participating in the cost thereof. (6) Taking the initiative in redeveloping slum and blighted areas, and participating in the cost thereof.

For the state government (variously exempted): (1) Empowering local governments to do the things enumerated above (all states, in varying degree). (2) Making state-wide and intrastate regional studies, and participating in interstate regional studies, as a guide both for state policy and action and for local planning (many states). (3) Adopting state-wide minimum building and housing regulations (a few states). (4) Furnishing financial assistance to localities for the provision of public housing (one state). (5) Furnishing financial assistance to localities for urban redevelopment (one state).

For the federal government: (1) Conducting research relating to housing and planning. (2) Assisting localities to make housing market analyses and planning studies. (3) Making available various measures for encouraging and securing the investment of private capital in the production of housing to serve as wide a part of the market as possible. (4) Furnishing financial assistance to localities for the provision of public housing. (5) Furnishing financial assistance to localities for urban redevelopment.

The essentially planning measures listed in the foregoing outline, together with the housing measures that are regulatory in nature, were developed over a considerable period of time. Most of the "action" measures relating to housing, including the activities listed for the federal government, were developed during the decade 1930-1940. On some of the measures, particularly those relating to urban redevelopment, only a beginning has been made.

Federal Aids to Private Housing

Aside from housing surveys and publication

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of model plans and specifications for low-cost houses begun by the United States Department of Agriculture in 1913 and later undertaken by other federal agencies, the first aid to private housing by the national government was the establishment of the Home Loan Bank Board in 1932. Its purpose was to supply a reservoir of credit to home credit institutions which were threatened by the widespread financial distress among farm and home owners during the early days of the depression that began with the stock market crash of 1929. A year later the Home Owners' Loan Corporation was established to aid the individual owner and to prevent foreclosure by granting long-term mortgage loans at low rates of interest. The Home Owners' Loan Corporation was one of four agencies administered by the Board. The other three are:

The Federal Home Loan Bank System, which serves as a credit reserve system through which member home-financing institutions may obtain loans on approved home mortgages.

The Federal Savings and Loan System, which charters and supervises federal savings and loan associations and approved state-chartered associations, and also assists in establishing sound mortgage lending practices.

The Federal Savings and Loan Insurance Corporation, which insures deposits in savings institutions up to \$5,000 each.

On July 1, 1939, the Federal Home Loan Bank Board was placed in the Federal Loan Agency, and on February 24, 1942, it was made the Federal Home Loan Bank Administration, one of the three constituent units of the National Housing Agency.

In 1934 a program of mortgage insurance against loss to lending institutions was inaugurated under the Federal Housing Administration (FHA), now another of the main constituent units of the National Housing Agency. This program has been the largest single influence for the improvement of residential mortgage practices and of standards of design and construction for moderate cost houses. It has acted as a powerful stimulus for the use of sound mortgage practices which

are planned for retirement within a reasonable period and related to actual value of the dwellings. This is a great advance over the former rather prevalent practice of writing home mortgages for short periods without provision for progressive uniform amortization and without careful consideration of the relation of the amount of the mortgage to sound appraisal. Little of the housing financed by FHA-insured mortgages has been available to families in the lower one-third income group of the nation. The FHA program has been developed in a generally rising market; there has been no opportunity as yet to determine how successfully this safeguard of government insurance of lending institutions against loss will operate in times of stress in the real estate market.

Public Housing

With the exception of the construction and operation of a relatively few houses for war workers during World War I, direct participation by the federal government in housing construction and operation was not undertaken until 1933, when the Housing Division of the Public Works Administration was authorized to acquire land and build housing developments with federal funds for families who could afford to pay only low rents. This was a temporary measure undertaken because of the growing housing shortage and the need for useful employment during the depression. It was replaced in 1937 by the permanent program inaugurated under the United States Housing Act of that year, after 51 developments had been constructed in various parts of the easterly half of the country at a cost of \$134,000,000 — enough to house 21,800 low-income families. This gave the nation itself the first sizable example of slum clearance and low-rent housing.

The United States Housing Act made the programming, planning, construction, operation, and a part of the financing of public housing primarily a responsibility of the city or locality in which a public housing project was to be constructed. Local housing authorities, established under state law, are the local agencies that build and operate the develop-

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ments. Federal financial assistance is made available for them through the Federal Public Housing Authority (originally the United States Housing Authority), which is one of the three constituent units of the National Housing Agency. The assistance consists of:

Loans for periods up to sixty years and for amounts up to 90 per cent of the cost of low-rent slum clearance projects, with the remaining 10 per cent to be raised by the locality. Usually much more than 10 per cent is raised locally (by the sale of Authority bonds, secured by project revenues) — in some cases up to 100 per cent.

Subsidies in the form of annual contributions in order to lower the rents to levels that low-income families can afford. The locality is required to make annual contributions amounting to at least 20 per cent of the amount of the federal contribution. Such local contributions usually take the form of local tax exemption on the increased valuation of the site after development.

In the United States Housing Act, Congress has authorized \$800,000,000 in loans, and subsidies not to exceed \$28,000,000 annually, for low-rent slum-clearance public housing developments. A total of 387 developments, with 120,135 dwelling units, have been built with aid provided under the Act. An additional 201 developments, with 51,968 units, were built for first occupancy by war workers and subsequent use as low-rent housing. Adding these totals to the amount of low-rent housing constructed by the Public Works Administration, and the number of units in projects that were approved but deferred because of the war, gives a total of around 220,000 units of low-rent housing either constructed or authorized under the federal program to date.

New York is the only state that has made state funds available to localities in aid of low-rent public housing. Under a state constitutional amendment and the Public Housing Law of 1939, both state and municipal loans and grants for public housing and slum clearance are permitted. A loan fund totaling \$300,000,000, the maximum permitted under the constitution without referral to the voters,

has already been appropriated, together with authorization of subsidies totaling \$6,250,000 a year. During the 1946 session of the state legislature, a bill was passed authorizing increase of this subsidy to \$9,000,000, subject to approval by the voters of the state. This was given at the elections in November of that year. Nine public housing developments containing 4,822 dwelling units have been built under New York State's program, with 20 additional state-aided projects already planned and approved. There is one city-aided low-rent development of 240 units in New York City and another, with 608 units, planned for erection there.

Senate Inquiry into Postwar Housing Problem

Of special significance in the development of government action in housing was the inquiry into the postwar housing problem begun in the middle of 1944 by the United States Senate. It was the most exhaustive congressional examination of its kind ever made; in it, every aspect of the housing problem was explored as a major element of governmental postwar economic policy and planning. The study was made by the Subcommittee on Housing and Urban Redevelopment of the Senate Special Committee on Postwar Economic Policy and Planning. Detailed questionnaires were submitted to every major organization connected with any phase of housing, from financing and construction through management and consumption. During the first part of 1945 the Subcommittee held extensive hearings.¹ Representatives of public and private enterprise, housing, civic, social work, educational, labor, and other organizations, as well as federal, state, and local government officials, were heard.

Information on every phase of the housing problem was presented to the Subcommittee. Highlighted was the instability of the house-production industry of the country, and the fact that housing supply has always been out of gear with housing need. The social and health effects of bad housing were illustrated

¹ See U.S. Senate, *infra*.

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by surveys, made in various representative communities, which showed that in the slum areas of one city the crime rate was five times as great as in normal residential areas; the number of identified criminals in another was fifteen times as great; the infant mortality rate in a third was six times as great; the tuberculosis rate in still another was ten and one-half times as great; and the pneumonia rate in a sixth was three times as great. Practically all the worst housing was occupied by families with incomes of less than \$1,500 per year and mostly less than \$1,000 a year, while little of the substandard housing was occupied by families with incomes of over \$3,000 per year. The economic liability of slums was illustrated by reports from representative communities. One that was typical disclosed that the slum areas of the community contributed 5.5 per cent of the city's real estate tax revenues but cost the city 53 per cent of its expenditures for essential city services.

On August 1, 1945, the Subcommittee submitted a unanimous report which outlined a national housing policy and made recommendations covering housing research, assistance to private enterprise, extension of low-rent public housing, urban redevelopment, and a permanent national housing agency. The recommended program was geared to the production of about 1,250,000 houses a year over the next decade.

The rejection by the Subcommittee of various suggested substitutes for public housing was of special significance. The most insistent alternate proposal was a plan calling for the granting of rent allowances, in the form of rent certificates, to families unable to obtain decent housing with their own resources. The Subcommittee found that there are many reasons against such a plan. It would force onto relief rolls huge numbers of families otherwise able to meet their own financial needs. Administration would be complicated and costly, since it would entail initial and repeated checking of family incomes, periodic inspections of scattered private dwellings rented with the certificates, and repeated careful scrutiny of the rents charged in order to assure that owners were not making an un-

reasonable profit at public expense. Most important, it would not produce any large-scale slum clearance and redevelopment unless the amounts represented by the rent certificates were enough not only to provide the economic rent but also to pay a profit sufficiently high to attract private builders; and even then there would be no security for such investment, since the amount, as well as the continuation, of the rent relief would depend on local annual appropriations. As a matter of fact, such a plan might and probably would result in the subsidization of slums and the consequent prolongation of their life.

The principal other suggested substitute for public housing was the so-called filtering-down process, under which it is claimed that the production of houses for higher income families would release the previously occupied houses for use by lower income families. The filtering-down process can be valid through only relatively small segments of the economic scale. If the house was originally built for higher income occupancy, it can become available for lower income occupancy only through deterioration, or as a result of an uneconomic oversupply of housing, and then suffers further from inadequate maintenance. A fair answer to the filtering-down proposal is that it has been in operation since the country was first settled, and that it has produced most of our present slums.

General Housing Bill of 1946

The report and recommendations of the Senate Subcommittee on Housing and Urban Redevelopment were the basis for the bill eventually called the General Housing Bill of 1946 (better known as the Wagner-Ellender-Taft Bill) which was first introduced in the Senate in the summer of 1945. After the Bill had been revised in various details, the Senate Banking and Currency Committee, to which it had been referred, recommended its passage to the Senate. It passed the Senate with virtually no dissenting vote on April 15, 1946, but the House Banking and Currency Committee failed to report on it by the time Congress adjourned in the summer of 1946. This was allegedly due to dilatory tactics inspired by

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organized real estate and building interests. Chief opposition to the measure centered around its provisions for extension of the public low-rent housing program and the creation of a permanent single national housing agency.

The Bill set an ultimate goal of a decent house and a suitable living environment for every American family. The fundamental policy reflected in the measure was that the housing needs of the nation should be met by private enterprise to the fullest extent possible and that every encouragement should be given to private enterprise to enable it to expand its field of operation, but that public action must meet the needs of those who cannot otherwise be served adequately. Of the estimated 12,500,000 urban and rural houses that would be produced under the terms of the Bill in the ten years following its passage, only 4 per cent would be provided under its public housing provisions, at the rate of 125,000 units a year for four years only. The maximum cost to the federal government in executing the provisions of the Bill would total in the aggregate not more than \$143,000,000 a year, an amount equal to about one-half of the expenditures of the government for one day of the recent war. It was estimated that it would result in some six to seven billions of dollars in annual capital investment in the construction industry and provide employment for from 3,000,000 to 4,000,000 persons each year on the site and in the factories and industries servicing the home-building industry.

The major titles of the Bill covered the following subjects:

1. Establishing a permanent National Housing Agency.
2. Research, market analysis, and aid to local planning.
3. Greatly extending the operation of existing aids to privately financed housing.
4. Privately financed housing for families of lower income: insurance of greater risk; insurance of loans for mutual ownership housing.
5. Yield insurance for direct private investment for families of moderate income.

6. Aid to localities for land assembly for development or redevelopment programs.

7. Aid to localities for low-rent public housing.

8. Aids to rural housing.

9. Disposition of permanent war housing and other federally owned housing, with veteran preference.

10. Periodic inventory of housing needs and programs.

In general, the Bill was designed to establish a long-range national housing policy and to assure a high level of housing production, serving all segments of the housing market.

Urban Redevelopment

The increasing frequency of the occurrence of the term "urban redevelopment" in contemporary housing and city planning literature is a reflection of the growing awareness that we cannot merely continue to build at the edge of our cities and be satisfied only to regulate existing developments, but that we must actually replan and rebuild large areas if the city is to continue as an economically feasible unit and is to offer an environment suitable for family life. Such rebuilding presents two major problems: assembling the land, and overcoming the disparity between the cost of slum and blighted land and its economic re-use value when redeveloped according to sound planning principles.

Beginning with Illinois, Michigan, and New York in 1941, a number of states enacted legislation to authorize private corporations to assemble land in blighted areas with the aid of eminent domain, and to redevelop such areas, usually with the aid of some form of tax concession. It was expected that redevelopment would be largely for housing for middle-income families. Making due allowances for wartime building restrictions, the necessary public control provisions of such laws are probably the principal reason why, with the exception of two developments of the Metropolitan Life Insurance Company in New York City, no activity has been stimulated by this legislation and probably little or none can be expected. This fact and the difficulty of accomplishing comprehensive redevelopment

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through the piecemeal operations of private groups have led to the growing belief that urban redevelopment should be undertaken on public initiative, and that the land should be acquired by an appropriate public agency, thereafter being available for whatever use is indicated by the city plan. Redevelopment would normally be largely for private housing, but might include public housing or other public or private uses. There are now 33 urban redevelopment laws in 23 states. Twelve of these laws are of the "private agency" and 21 of the "public agency" type. The authorized public agency is either a newly created one or, as in six laws, is the local housing authority. Two states authorize either arrangement.

Most of the public agency type of urban redevelopment laws leave the way open for possible federal aid in absorbing the difference between the cost of the land and its re-use value, as was proposed in the Wagner-Ellender-Taft Bill. Of all the states, Illinois alone has provided state funds for urban redevelopment that is not necessarily incidental to public housing, the legislature at its last session having appropriated the meager but hopeful sum of \$10,000,000 to be distributed to localities of the state for land acquisition for redevelopment. Chicago's share of this amount is supplemented by \$5,000,000 for the same purpose, the issuance of bonds in this amount having recently been approved by the electorate of the city. Indianapolis has established a Redevelopment Commission and is levying a special tax to provide funds for writing down land costs, and Detroit and Milwaukee have each provided city funds for redevelopment purposes.

HOUSING AND PLANNING AGENCIES

Reference has already been made to federal housing agencies — the National Housing Agency and its three constituent units, the Federal Home Loan Bank Administration, the Federal Housing Administration, and the Federal Public Housing Authority. There are 20 state housing agencies (usually a state housing board), 10 of which are inactive and 10 active, the latter ranging in their functions

from the administration of funds for aid to localities for low-rent housing, to more or less nominal supervision of some of the actions of local housing authorities. There are approximately 475 of the latter throughout the country, located in 39 states. Of this total, 247 are actually operating low-rent housing. Housing authority enabling legislation has been adopted in 40 states, and two additional states have authorized the establishment of local authorities for war housing only.

There is no one federal planning agency, Congress several years ago having refused to continue the National Resources Planning Board. As a result, there is no coordinated planning at the national level, except a fragmentary — and somewhat waning — coordination of policy through control of expenditures by the Bureau of the Budget. Among the 48 states there are no less than 75 state boards concerned with planning. About 28 of these are true state planning boards; the remainder deal with postwar public works, or have an emergency flavor (such as the Reemployment and Reconstruction Commission in California), or are subordinated to a department dealing with one phase of state interest (such as the Bureau of Planning in the New York State Department of Commerce), or team their planning functions with those of advertising and promotion. This is not to say that these special-type agencies are not doing effective work in state planning. Many of them are. Of a list of about 400 county planning commissions, probably a large majority are inactive or ineffective, but a number have highly effective programs. There are about 2,000 municipal planning commissions throughout the country but, except in the larger cities, an adequate operating budget is the exception. There is a handful of legally established regional planning commissions.

Zoning ordinances are in effect in about 1,900 urban places and, while there are actually nearly 18,000 incorporated urban places in the country, probably 90 per cent of the total urban population of the country now lives in zoned territory. In addition there are about 100 rural zoning ordinances in effect. The regulation of new subdivisions is widely

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practiced throughout the country, but the extent of the authority and the quality of the administration vary greatly. Few localities have made full use of their powers with respect to "official maps" or corresponding devices, and few localities can be said to have comprehensive plans that are fully geared into the administrative operations of local government.

The foregoing summary may seem to present a discouraging picture, particularly when set against the fact of widespread deterioration of urban neighborhoods and the need for guiding the forces representing changing dynamics of urban development. Nevertheless, the past few years have seen a growing acceptance of planning and an increasing realization of its place as an integral, rather than an auxiliary, function of public administration.

Part of this vitalizing of the planning function has come about as a result of the impact of the programs of local housing authorities. The latter have had to take some account of city planning, and city planning has been called on for answers more profound than the maps, tables, and graphs with which it had traditionally bolstered its conclusions. Local housing authorities are operating agencies. In most states they are not actually municipal departments but, technically, are state agencies, coordinate with the municipalities or other areas for which they operate. The relationships between them and local planning boards, as over-all planning agencies, vary widely throughout the country — from clearly defined and continuing working relationships in some instances, through *ad hoc* or casual contacts in others, to less than mutual understanding in still others. Out of it all there is gradually emerging the form for a pattern of effective administrative relationships. This should extend beyond the functions of the housing authority and the planning commission to include also the administration of the various regulatory measures that relate to housing and planning.

RELATIONSHIPS TO SOCIAL WORK

The effect of housing and community en-

vironment on the physical, moral, economic, and psychological well-being of families makes housing and city planning a subject of major importance to social work. Social workers have long been identified with movements to improve housing conditions and strengthen regulatory legislation governing standards of construction and maintenance. The early work in New York City of the Association for Improving the Condition of the Poor, in the nineteenth century, is a notable illustration; as is the formation in 1898 of the Tenement House Committee of the Charity Organization Society (now the Committee on Housing of the Community Service Society), which stimulated the passage of the New York Tenement House Law of 1921. Many family agencies throughout the country are accustomed, when encountering undesirable and illegal housing conditions in the homes of their clients, to reporting these conditions to public officials charged with enforcement of the law and to pressing for their correction. A number of agencies engage in supporting legislation for improved housing or in themselves sponsoring such legislation. For example, the American Association of Social Workers, Family Service Association of America, National Conference of Catholic Charities, and the National Federation of Settlements are some of the social agencies that vigorously supported the Wagner-Ellender-Taft Bill.

The public housing program has opened a new field for social work, particularly for family and recreational agencies. By making their knowledge and experience with families of low income available to housing authorities, family agencies can help in the planning of public housing developments to make them of the greatest possible usefulness to the families who are to live in them. One of the most important responsibilities of housing authorities is the selection of tenants for public housing. The selection of the few who are to be rehoused from the many who want and need rehousing is essentially a case work job. Construction of large housing developments resulting in whole new communities and new patterns of living for the tenant families has

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provided social and recreational workers with an opportunity to help tenants in their programs of community activities.

The contribution that the social worker can make to housing and city planning can go deeper than the case work or group work level. A city plan must be more than an orderly rationalization of the accumulations of the years. In seeking to give positive direction to city development, it must go beyond physical surveys and statistical analyses and must reflect the human outlooks and strivings of the people of the community—the people from both sides of the tracks. The social worker should be able to provide valuable guidance in the exploration of this rich field.

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INTERNATIONAL SOCIAL WORK,¹ whether carried on under intergovernmental auspices or through voluntary organizations, expresses the feeling of common social interest in one another of the peoples of the world. Its patterns are as varied as are the channels through which it is done. For example, there are federations of national organizations in which agency members retain complete autonomy of operation but meet for conference and exchange of ideas in a common field of work. Another pattern of organization is to be found in international bodies of which national agencies or governments are integral parts, with programs of service determined by an international committee or board, directed by an international headquarters, and carried out by staffs and national committees indigenous to the members' countries. Such international organizations, in recognition of the interdependence of international objectives in their particular field, are committed to the small sacrifice of national autonomy or "sovereignty" which such a plan of organization may imply.

In addition to those social work activities which are internationally conceived, operated, and financed there is a large group of national agencies which extend their programs to other countries. In some instances they work side by side with personnel of an affiliated foreign agency and are responsible to it; in other instances the work is financed, planned, and supervised by the American agency. This last pattern is not, strictly speaking, international social work organization although it repre-

sents a concern for the peoples of other countries, especially in times of disaster.

Coordination of Postwar Services

Several important agencies have been engaged in recent months in the coordination of postwar services in the field of international social work.

1. The American Council of Voluntary Agencies for Foreign Service. Springing from a conviction that agencies giving foreign relief and other services of rehabilitation should avoid duplication and have the advantage of consolidation, the American Council of Voluntary Agencies for Foreign Service was founded in 1943. It numbers 62 national agencies in its membership. Information and experience have been shared, and resources sifted and pooled, through its executive officer and functional and area committees. The Council has united sectarian and nonsectarian relief and service agencies, committees interested in special countries or nationality groups, and the relief services of the labor organizations, in a community of interests based on community of work. The very fact that agencies of different religious faiths and different national and social outlook cooperate in the work of relief and reconstruction sets a significant pattern in these times of political and religious differences which so sharply divide the people in so many countries.

One of its practical achievements, which was stimulated by government officials, has been the organization in 1945 of the Co-operative for American Remittances to Europe, Inc., an agency which undertakes to send parcels from individuals in the United States to relatives and friends abroad, at no profit, in considerable quantity and at low cost.

Provision of relief for German people in Germany has been handled through a committee of the Council known as the Council of Relief Agencies Licensed for Operations in Germany, in cooperation with the Army and the State Department and with the help of the President's War Relief Control Board—again through the setting up of a separate corporation directed by persons appointed by the agencies.

¹ For names of national agencies in this field listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

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Another of the Council's outstanding contributions has been the work of its Survey Committee on Displaced Persons. In its report, *The Problem of the Displaced Persons* (*infra*), published in June, 1946, this Committee outlined the various aspects of the total problem of displaced persons and made recommendations for establishing clear lines of responsibility on the part of governmental, intergovernmental, and voluntary agencies in meeting one of the greatest of the postwar problems. A portion of its recommendations was in the hands of the United States Government delegates at the meeting in London (May-June, 1946) of the Special Committee appointed by the Economic and Social Council on the recommendation of the General Assembly of the United Nations in February, 1946. The Assembly passed a resolution at that session recognizing that the problem of stateless and displaced persons is international in scope and nature and that the problem "is one of immediate urgency." The complete findings and recommendations were later placed in the hands of the United States Government delegates for distribution to members of the Economic and Social Council and to our own federal departments responsible for policies and action on this problem. The section of the report dealing with the work of voluntary agencies will constitute the basis for their future planning for services supplementary to those of governments.

2. The President's War Relief Control Board. This Board was established by Presidential executive order in 1942 to control collection and disposition of funds, and of contributions in kind, for foreign and domestic relief, rehabilitation, reconstruction, and welfare activities arising from war-created needs in the United States or in foreign countries. The Board's licensing power resulted in consolidation of relief efforts of voluntary agencies and in the timing of appeals. The Board also served as the focal point for liaison between voluntary relief agencies and official bodies on a wide variety of matters involving both; and it reduced overlapping service,

duplication of effort, and costly competition for supplies and facilities. Another executive order of the President terminated the existence of the Board as of May 14, 1946. Its remaining staff, records, and funds were then transferred to the Department of State. At the same time the President requested the Secretaries of State and Agriculture to "appoint a new Committee on Voluntary Foreign Aid, to be made up of outstanding citizens, to tie together the governmental and private programs in the field of foreign relief and to work with the Famine Emergency Committee and other interested agencies and groups."¹ The Advisory Committee on Voluntary Foreign Aid of the United States Government was formally organized on July 10, 1946. Voluntary foreign relief agencies will be invited to make reports of their financial and program activities to this Committee. The Committee will maintain a public record and evaluate the programs, budgets, operations, receipts, and disbursements, voluntarily filed by agencies making appeals for foreign aid; it will act as liaison and consultant between appropriate federal, international, and other public authorities and private bodies of related interest to facilitate policies and procedures; and it will make appraisals abroad of foreign relief and other wants appropriate for American voluntary support, and of the adequacy of American voluntary operations abroad.

3. The National War Fund. This agency, which has acted since 1942 as the financing body for the established agencies which were its members, went out of existence at the end of 1946. Some of its beneficiary organizations, as well as some other agencies engaged in foreign relief, have presented their 1947 budgets to the National Budget Committee sponsored by Community Chests and Councils, Inc., for review. There is, of course, no compulsion on local chests to include foreign relief agencies' appeals in their local campaigns, even when the amount of money they need to raise has been validated by the Na-

¹ Letter from the President to the Secretary of State and Secretary of Agriculture at time of Executive Order No. 9723.

tional Budget Committee in whole or in part. *See* COMMUNITY CHESTS. This situation led in late 1946 to consideration of a united appeal by agencies in the American Council of Voluntary Agencies for Foreign Service.

International Voluntary Relief

The two large fund-raising organizations representing united appeals for overseas needs during the war period were the National War Fund and the United Jewish Appeal for Refugees, Overseas Needs and Palestine. From the outbreak of war in September, 1939, through the six years ending December 31, 1945, the organizations registered with the President's War Relief Control Board to engage in voluntary relief of human suffering in the war-ravaged countries collected and distributed funds and supplies to the total value of almost a half billion dollars (\$464,191,775). Of this, \$265,303,441 consisted of money contributions collected through the National War Fund, the United Jewish Appeal, and various smaller independent appeals. Of the supplies, valued at \$198,888,334 of the total, nearly half represented the value of clothing contributed to the United National Clothing Collection, an enterprise sponsored by the United Nations Relief and Rehabilitation Administration (UNRRA). The American Red Cross and certain religious organizations were exempted from registration with the President's War Relief Control Board, and the accounts of these organizations and of UNRRA and other government-financed agencies are not included in these figures. *See* FOREIGN RELIEF AND REHABILITATION.

The American Red Cross since the beginning of the war has carried on relief programs in over 46 countries abroad, and currently is conducting programs in 17 countries. Over \$170,000,000 has been expended for relief in its overseas programs, of which approximately \$50,000,000 represents the program of the fiscal year ending June 30, 1946. During the period of the war, various governments-in-exile and private overseas relief agencies gave restricted contributions to the American Red Cross for assistance to finance relief programs in specific countries. In addition, special

projects for assistance to children were financed through the National Children's Fund of the American Junior Red Cross. One aspect of the civilian relief program of the American Red Cross has been the assistance given to the Red Cross Societies of devastated countries in reorganizing their services. The international work of the American Red Cross is carried on in cooperation with the International Red Cross Committee.

International Communication and Location Service

The special wartime communication service carried on by the Red Cross across enemy borders, its handling of the official lists of prisoners of war and interned civilians compiled by those belligerents who were signatories of the Geneva Convention of 1925, its facilitation under some circumstances of personal communications between prisoners of war and next of kin, were carried on until the cessation of hostilities in 1945.

The dislocation of populations as a result of the war, unprecedented in volume, and its atomizing effect on family units gave rise to extensive efforts to re-establish broken contacts between members of families scattered by war and prewar conditions. Early in 1944 the International Committee of the Red Cross organized in Geneva an index for registration of dispersed families. This was discontinued in 1946 when UNRRA set up its Central Tracing Bureau in Germany and Austria which operates through officially designated national tracing bureaus that centralize and clear inquiries within each country. In the United States the Central Location Index, Inc., was established by seven national agencies in August, 1944, and has since been designated as the official agency for clearance of inquiries filed with the Central Tracing Bureau. Up to July, 1946, the 11 national agencies which were by that time members of the Central Location Index had filed 142,910 inquiries which, with family members, made a total of 437,103 names filed. From UNRRA and other sources 442,342 names had been received and carded, thereby bringing the total registration to 879,445. In view of the continued

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movement of displaced persons and the fact that the survivor rate, particularly of the Jewish population, has been so low, it is significant that up to July 1, 1946, location information had been given on 58,737 of the inquiries registered.

Official Assistance to Refugees and Displaced Persons

Following World War I, the Nansen International Office for Refugees was established by the League of Nations. In 1938 the Office was consolidated with the League of Nations Office of the High Commissioner for Refugees. Coming from Germany, to provide for the political and legal protection of refugees and to assist governmental and voluntary agencies to promote permanent settlement.

In August, 1938, the Intergovernmental Committee on Refugees was organized, following the Evian Conference summoned a few months earlier by the late President Roosevelt. The League High Commissioner became director of the Intergovernmental Committee on Refugees and has served in both capacities. In 1943 the Intergovernmental Committee on Refugees was reorganized and its scope widened. Thirty-six governments are members of the Committee, including certain neutral governments as well as most of the United Nations.

The theoretical mandate of the Intergovernmental Committee on Refugees covers "all persons, wherever they may be, who as a result of events in Europe, have had to leave their countries of residence because of the danger to their lives or liberties on account of their race, religion or political beliefs."¹ To date the Intergovernmental Committee has been almost entirely concerned with categories not covered by the operations of UNRRA. Its concern even with these has been limited to specific projects underwritten jointly by the United States and the United Kingdom and approved by a majority vote of its Executive Committee. While UNRRA has had very wide responsibilities for persons displaced as

a result of the war, including their care and their repatriation, it is not a permanent agency, and the long-term question of the stateless and nonrepatriable who make up the residual core of the refugee problem will devolve upon the Intergovernmental Committee on Refugees or some other body set up to deal with it. The Committee has operated in Belgium, France, Germany, Italy, Portugal, Spain, and Switzerland. It has prepared a new international travel document for refugees and a draft agreement for the consideration of governments.

The problem of refugees and displaced persons of all categories, however, was referred by the General Assembly of the United Nations to the Economic and Social Council for thorough examination and for report to the Assembly in September, 1946.¹ The Council established a special committee consisting of 20 members designated by the countries regarded as having most direct concern with the problem, which met in London from April 8 to May 31, 1946, and made its report to the Economic and Social Council during its third session in June, 1946. The observations and recommendations of the Economic and Social Council were transmitted to the General Assembly at its session in the fall of 1946.

The League of Nations was voted out of existence by its Assembly on April 18, 1946. It had had a broad interest in social welfare and had carried on its activities in the main through its Secretariat, the International Labor Organization, and the Health Organization. In addition there were five permanent Advisory Commissions which had met from time to time and made recommendations. Among them was the Commission on Protection and Welfare of Young People which had met in two sections, one on Traffic in Women and Children and one on Child Welfare. In 1935 the Assembly of the League of Nations instructed the Commission to broaden its scope to include not only the protection of children from exploitation but to give attention to standards of constructive care of children in many aspects of their life. Although

¹ See United Nations Economic and Social Council, *Information Concerning International Organizations Having Interests in the Social Field (infra)*.

¹ See Stinebower, *infra*.

there was collaboration with voluntary international welfare organizations, the work of the League in this field was not widely known to social workers and the general public.

Recognizing the need for an effective inter-governmental, international social welfare agency if the provisions of the United Nations Charter were to be implemented, the American Association of Social Workers, with the cooperation of the United States Department of State, took the initiative in calling a meeting of representatives of national social work organizations in August, 1945, to discuss the matter. As a result of this and subsequent meetings, the National Social Welfare Assembly appointed a Committee on International Organization for Social Welfare in December, 1945. This Committee has continued to focus the attention of the American social work community on the need of permanent international machinery in the area of social welfare and has formulated principles on which an international organization should be based.¹ In January, 1946, such a statement of principles was submitted to the United States Department of State and made available to each member of the Temporary Social Commission of the Economic and Social Council of the United Nations. The Commission, which met on April 29, 1946, quoted a part of the statement in its final report. In a letter to the Secretary of State, the Committee specifically urged that any interim arrangements for taking over the social welfare functions of the League of Nations be flexible enough to assure a considerably broader basis for international social welfare cooperation than had been in effect under the League.

Economic and Social Council of the United Nations

The United Nations Charter pledges all member nations to promote international cooperation in solving international problems of an economic, social, cultural, or humanitarian nature. It is of significance that at the San Francisco conference, in an amendment of the Dumbarton Oaks proposals relating to

the functions of the Economic and Social Council, the Council was given equal status to the Security Council and the World Court. It has no coercive powers and no exclusive jurisdiction, but shares with the General Assembly responsibility for social and economic objectives of the United Nations—solely through the procedure of study, discussion, report, and recommendation.

As always in an association of States, the United Nations councils are composed of representatives of States. A specialized agency brought into relationship with such a body as the United Nations must accordingly have been established by intergovernmental agreement, and with exclusively governmental representation. The International Labor Organization is the one exception. Therefore, it is of particular interest that Article 71 of the Charter provides that "its Economic and Social Council may make suitable agreements for consultation with *nongovernmental* organizations which are concerned with matters within its competence. Such arrangements may be made with international organizations and where appropriate with national organizations after consultation with the Member of the United Nations concerned."¹ This provision was urged upon the United States delegation at San Francisco by a group of consultants representing major organizations in the fields of business, labor, agriculture, and education, who believed that although the United Nations is strictly an intergovernmental organization there should be appropriate channels by which the views of important nongovernmental organizations could be brought before the Economic and Social Council. The Temporary Social Commission of the United Nations went on record as believing that, while "social policy" as defined by the Commission had become an integral part of public administration, it was of importance for public administration to secure the fullest cooperation of voluntary agencies, which have an essential contribution to make. They further recommended that a proportion of the members of the Permanent

¹ See *The Compass (infra)*.

¹ See Stinebower, *infra*.

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Commission be nongovernmental members appointed in an individual capacity and by reason of their special knowledge and experience in the field of social welfare.¹ It is noteworthy that the Commission felt that the "charitable" notion of social activity and the paternal spirit had too long prevailed, and recorded its conviction that labor, agricultural, and similar unions should participate closely in the administration of social institutions.

International Labor Organization

The International Labor Organization (ILO) was created by the 1919 peace treaties on the principle that universal peace based on social justice implies equitable conditions of labor; and further, that labor conditions need international regulation because the failure of any nation to adopt humane conditions of labor hinders the adoption of good labor standards in other countries. The tripartite form of organization in the ILO is the first of its kind. Representatives of employers, workers, and governments, freely chosen, confer annually and take action in matters affecting their common interests. The legislation which results probably affects nine-tenths of the population of their countries. The International Labor Organization is a world-wide association of nations, 51 of which comprise its membership. The Organization functions through three agencies: the International Labor Conference—its parliamentary assembly to which each country sends four representatives (two government, one employer, and one labor delegate) to the annual meeting; the Governing Body—its executive council; and the International Labor Office—its secretariat. Work was carried on throughout the recent war from headquarters which were transferred from Geneva to Montreal in 1940. During the period between World War I and World War II, the International Labor Conference adopted 67 international conventions and 66 recommendations establishing labor standards based on

thorough and prolonged investigation and discussion. The first regular session of the Conference since the cessation of hostilities was held in Paris in November, 1945, although a special session had been held in New York in 1941 and regular sessions had been resumed with a meeting in Philadelphia in 1944. The Paris Conference, meeting at a time when a new world organization was being established, affirmed its desire to be associated with the United Nations.

The "Recommendation to Governments," adopted at the Paris Conference, supplements a similar one approved at the 1944 Conference in Philadelphia. It outlines what the Conference regards as the minimum standards of living and working conditions that should prevail in non-self-governing areas. These standards would impose on governments which are responsible for dependent territories the obligation to take all steps within their competence to secure effective application of the standards set forth. Through resolutions based on committee work the Conference enunciated guiding policies in developing measures to provide jobs in the rehabilitation and reconversion period; measures for the protection of children and young workers described as the Children's Charter; and preliminary discussions relating to medical examination for fitness for employment of young workers, and night work of children and young persons in nonindustrial occupations.¹

World Health Organization

In accordance with resolutions adopted by the United Nations Conference in 1945 at San Francisco, and by the Economic and Social Council of the United Nations in January, 1946, the World Health Assembly was convened in New York in June, 1946. The Interim Commission of the World Health Organization of the United Nations, representing 18 nations, was established to prepare for the first session of the World Health Organization, organize the nucleus of a secretariat, and prepare the agenda for the 1947 meet-

¹ See United Nations Economic and Social Council, *Report of the Temporary Social Commission (infra)*.

¹ See International Labour Organization, *infra*.

ing at which member nations will consider detailed programs of cooperation to combat disease. Although the work of the Commission will be largely organizational it is empowered to deal with any urgent health problems which might arise before the permanent organization comes into being. The headquarters of the Commission is in New York. The United Nations provided a budget for 1946.

On July 22, 1946, 60 delegates signed the World Health Organization Constitution,¹ which will go into effect as soon as it has been ratified by the governments of the United Nations members.

International Conferences

Social workers cut off from international gatherings during the war have begun planning for the resumption of conferences. The first International Conference on Social Work was held in Paris in 1928, with 2,481 delegates from 42 countries in attendance, including 279 from the United States. There was a second Conference in 1932 at Frankfort on the Main and a third in London in 1936—the last to be convened before World War II. Even before hostilities ceased, officers of the International Conference on Social Work were planning for its revival. At a meeting held in Brussels in 1946, it was decided to hold the next International Conference on Social Work in the United States in 1948, with its program arranged in relation to the seventy-fifth anniversary meeting of the National Conference of Social Work which will be held that year. *See* CONFERENCES OF SOCIAL WORK.

The League of Red Cross Societies is in process of reorganization. A preliminary Advisory Conference was held in Geneva in October, 1945, and was attended by representatives of 54 Red Cross Societies. Arrangements were made for a full conference of Red Cross Societies to be held in Oxford in July, 1946, under the auspices of the League. The first Inter-American Congress of Social Service was held at Santiago, Chile, in September,

1945. There were four delegates from the United States including two directors of schools of social work and two from departments of the federal government.

International Social Case Work and Related Services

Inter-country social case work developed after World War I when members of families sought re-establishment of contact and eventual reunion after the long separation imposed by wartime control of travel and communication. Even when these controls were lifted there were many restrictions on freedom of movement implicit in the policy of war-devastated countries to keep their nationals at home where they were needed, and the policy of countries of immigration who feared the admission of aliens as a threat to a disturbed labor market.

To meet the human problems growing out of these restrictions and controls, offices were set up in six or eight countries on a temporary basis to test the needs and to discover the ways of handling them. These interdependent bureaus each served in its own country to centralize the collaboration of its local agencies in treating with these situations of individuals or families which had roots in two or more countries. After three years of experimentation a permanent international case work organization, the International Migration Service, was established in 1924. While concentrating at first on the problems of refugees and war-separated families, it soon became apparent that such collaboration was needed in a large variety of situations which had nothing to do with the war but which have been steadily increasing as mobility of population across borders and frontiers has increased.

Individual and family life can be gravely affected by difference of citizenship of its members, by legal restrictions which prevent reunion, and by sharp differences in national laws relating to guardianship, adoption or protection of children, dissolution of marriage, or enforcement of family support. A special technique and body of information on laws, regulations, social work resources, and differ-

¹ See Sand, *infra*.

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ences in concept of social case work grew out of this closely integrated experience, which could be shared with local agencies. Thus social workers of many countries and their clients have been brought closer together in the process of consultation and conference by correspondence which transcends distance, language, and political barriers.

With the unparalleled destruction to civilian life of World War II, the uprooting of whole sections of the population, and the ruthless tearing apart of families and displacement of millions of people, the need for international social case work has led to inception of special programs for refugees and displaced persons which has extended across frontiers. Advice and assistance in emigration for settlement in new countries, and to join relatives, have been given through bureaus set up by American agencies—Catholic, Jewish, Protestant, Quakers, and nonsectarian—extending their services to foreign countries or working through affiliated committees. The adjustment of refugees in the United States could not be accomplished without recourse to social agencies abroad in an effort to find, keep contact with, and help to rehabilitate members of families left behind. Governmental and intergovernmental agencies have increasingly called upon voluntary agencies equipped to give individual service to those under their care for whose plight sound solutions cannot be found by any other method. See ALIENS AND FOREIGN BORN.

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RUTH LARNED

INTERRACIAL AND INTERCULTURAL ACTIVITIES.¹ A war for the freedom of peoples everywhere attacked the racial theories and practices of enemy nations. Yet racial segregation and discrimination were practiced in the American armed services fighting that war; and opportunities were still unequal in the jobs that produced its weapons. Overcrowding in housing, a chronic problem of racial minorities since the first world war, became seriously aggravated with the wartime in-migrations to large industrial centers. Congestion in segregated neighborhoods reached new highs, as did the costs of substandard housing. Recreation facilities were inadequate to meet the new needs; systems of transportation were overtaxed. These conditions superimposed further tensions on the general wartime strains and led to open conflict in race riots.

In the spring of 1942 the mass evacuation from the West Coast of all persons of Japanese

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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lineage created a special dilemma for American democracy: 110,000 persons—two-thirds of whom were American citizens and the remainder forbidden by law to become citizens—were summarily deprived of all civil rights and moved to centers for internment. While the confinement of loyal Japanese-Americans solely on a racial basis was clearly incompatible with our democratic principles, the program for the relocation of these people into normal community life presented another challenge to vindicate the ideal of equal treatment for all people.

In the face of the wartime necessity for full utilization of all human resources, it was no longer possible to ignore these challenges. People throughout the country—labor organizations, church groups, voters' leagues, welfare and professional associations—took them up; and, particularly after outbreaks of race riots in 1943, new organizational efforts to meet the problems of minority groups arose in all parts of the country. Interest and concern for democratic race relations were widening both in and outside of government; the poll tax had been repealed in Georgia; and four states¹ had enacted fair employment legislation, with similar bills introduced in almost every other large northern industrial state. There were hopeful signs that sentiment for the full participation of minority groups might grow in peace as well as in war.

The approach of V-J Day brought widespread discussion of reconversion and the introduction of legislation for full employment and for adequate housing to meet the nationwide shortage. For the thirty million people in the United States who belong to racial or ethnic minority groups, these problems were crucial. But events in the first year after the war have not justified the hopes of the groups working for full and fair employment. The government's program was crucially modified, permanent federal fair employment legislation was defeated, and lack of appropriation forced the wartime President's Committee on Fair Employment Practice (FEPC) to close its operations precipitously.

¹ New York, New Jersey, Indiana, and Wisconsin, in chronological order of enactment.

The heaviest wartime concentration of minority workers was in those industries where the sharpest cutbacks occurred immediately after the war. The reports of the Bureau of the Census between July, 1945, and May, 1946, show a consistently higher rate of unemployment among colored¹ than among white workers. Other studies made since V-J Day show a rise of more than 10 per cent in the unemployment of nonwhite workers in some areas at a time when there was an increase in total employment. Except where adequate state fair employment legislation was effectively administered, the wartime gains of Negro, Mexican-American, and Jewish workers were thus being dissipated through an unchecked revival of discriminatory practices.²

Recent surveys of services and facilities for veterans show segregation and unequal services by the several government agencies carrying out the veterans' program. Because the so-called "G.I. Bill of Rights" is administered at the community level, local patterns of discrimination prevail in the agencies to which Negroes, Mexican-American, Nisei (American-born Japanese), Jews, and other minority-group veterans must go for help. This has deprived over a million veterans of their rights and benefits under whole sections of the G.I. Bill—for jobs and job training, counseling, housing, medical care, education, and federal loans.

The impact of the curtailment of national programs for welfare, health, housing, and employment was felt first and most keenly by members of minority groups. Abandonment of official responsibility for problems so closely affecting these groups seems to have stimulated renewed activity by persons working against as well as for full participation of minorities in American life. On the one hand, the resurgence of antidemocratic groups which were inhibited from outright organizational activity during the war, has led to acts of racial violence throughout the country. On the other

¹ Including Mexican-Americans, Negroes, and other dark-skinned peoples.

² Based on the final report of the Committee on Fair Employment Practice, unpublished at time of writing, and other reports on file at the American Council on Race Relations.

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hand, more aggressive action has been taken against organized race baiting: California, Georgia, and New York instituted proceedings against the Ku Klux Klan; the use of city auditoriums for Gerald L. K. Smith "hate" meetings was denied in Milwaukee and Minneapolis, while Cleveland and St. Louis officials sought similar action; and efforts are under way to design effective legislation against group defamation.

While fair employment practice failed in 1946 as a permanent policy of the federal government, fair employment practice ordinances were enacted in Chicago and Milwaukee and introduced in many other cities, and Massachusetts was added to the list of states creating machinery for its implementation. In a dramatic campaign throughout California, over 300,000 signatures were secured on an initiative petition to place a fair employment practice act on the ballot in November, 1946, to become part of the state constitution if a majority of the voters affirm it at the polls. The California Legislature had on two earlier occasions put aside the question of fair employment practice. But determined citizens formed an action committee; and trade unions, church federations, independent citizens' committees, professional associations, veterans' groups, and social agencies, as well as organizations devoted primarily to race relations, joined in the common effort to secure the necessary signatures. It is in this association of broadly representative cross-sectional groups that successful work for democratic race relations may lie.

State and Municipal Programs

Governmental responsibility for race relations has taken three forms at state and local levels: legislation, and enforcement of non-discriminatory practices; creation of agencies to deal with problems of intergroup relations; and training in race relations for governmental employees.

Civil rights laws are the oldest legislative safeguards for the protection of minorities. Twenty-two states have long had such laws, but only one—Illinois—has created an agency for its administration and that agency has been

inactive. Beyond this doubtful assumption of responsibility, eleven states have established agencies since 1938 to study or deal with problems of minorities. Although none of these is a permanent, organic part of state government, some continue to carry active programs.

The successful movement for state fair employment legislation began with the enactment in 1945 of the Ives-Quinn Act in New York, which created the State Commission Against Discrimination, and the passage of similar bills in New Jersey and Massachusetts. In each case an administrative agency is set up with power to prevent and eliminate discrimination in employment because of race, creed, or national origin. In Massachusetts and New York the agencies are independent governmental units; in New Jersey a Division Against Discrimination was set up within the Department of Education, with the additional function of carrying out educational programs. The Massachusetts law differs in one significant respect from the others in requiring every employer, employment agency, and labor union subject to the legislation to post a fair employment notice, approved by the Fair Employment Commission, in a conspicuous place. Failure to do so imposes a fine. Indiana and Wisconsin have also enacted fair employment legislation but their statutes provide neither enforcement power nor sanctions for violation of the law; and the administrative agent—in Indiana, the Commission of Labor; in Wisconsin, the Industrial Commission—is empowered merely to study, investigate, and recommend.

Thirty-one municipalities claim to have taken responsibility for race relations by setting up official agencies. These committees have been created by appointment of the mayor, by resolution of the city council, or by ordinance creating the agency and defining its powers and functions. There are variations from almost complete inactivity to intensive work on many fronts; from no staff or budget to well-staffed departments working on well-developed programs. Some committees are financed wholly by the city, others by voluntary contributions. Some were created with official sanction but operate outside the frame-

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work of municipal government and have many of the characteristics of voluntary citizens' groups. Less than 15 of the 31 have so far shown evidence of active work, but it must be remembered that the movement is very young.

Among the active official committees is the Mayor's Commission on Human Relations¹ in Chicago, the first to be appointed. Under a city appropriation of \$58,000 for 1946, the Commission operates with an executive and three department heads. Active subcommittees on housing, health, recreation, and employment have operated from the Commission's inception in the summer of 1943. At its second city-wide conference in 1945, two new committees—on law and order, and on education—were added, and the membership of all committees was enlarged to involve a broader participation of citizens. Cooperation and consultation with the city's two police departments on methods of handling tensions situations, and similar relations with other city departments, are important in the Commission's program. It is one of the few official agencies that has taken a strong stand against race restrictive covenants; its committee on housing has drafted a substitute for racial restrictions in a covenant to impose occupancy standards regardless of race, creed, or national origin.

The Detroit Interracial Committee, an official agency comparable to other city departments, is charged by the mayor and common council with the twofold purpose of (a) recommending ways to improve city services that affect intergroup relations and (b) conducting programs to improve relations between white and Negro citizens. The Committee also has a full-time paid staff, operating under funds provided by the city. A unique technique developed by the Committee has been the "community barometer," a system of reporting by which the extent and degree of racial tension can be measured throughout the city.

The first city ordinance creating an official agency in the field of human relations was Cleveland's, passed in 1945. There the Community Relations Board consists of 15 mem-

bers broadly representative of the social, economic, and cultural interests of the community, and a well-staffed operating agency. It consults with the race relations unit of the police department, reviews all city ordinances and codes relating to fair employment, and works with state officials on proposed legislation for a state fair employment practice committee. It has advised the City Council on housing needs for returning Negro veterans, and many other problems; investigated alleged discrimination in the Department of Public Health in its policy on nursing services and training; and conferred with hotel managers, restaurant operators, and bowling alley owners, in an attempt to make all public accommodations available without discrimination. The Board keeps a check on racial incidents and the tenor of race relations in the community.

Government employees, as servants of the people, should have some knowledge and understanding of people of different races, creeds, and national origins. In 1945 the Board of Supervisors of Los Angeles County, in cooperation with the American Council on Race Relations, held a five-day institute on community relations and a series of interdepartmental conferences for county officials and employees.

Following the Detroit riots in 1943, the annual convention of the International Association of Chiefs of Police devoted an entire closed session to the role of the police in race relations, with special reference to the handling of race riots in Beaumont (Tex.), Detroit, Los Angeles, Mobile (Ala.), and New York. Departmental orders and policy determinations had in many cities dealt with practical problems of the prevention and handling of riot situations, but actual training in race relations problems has developed only in the past few years. Courses were developed in Boston and Detroit in 1944; a conference was called by the American Council on Race Relations in Chicago, at which police officials and others who had worked on race relations training discussed further development of these programs; and subsequently a course of training conferences was instituted in Richmond (Calif.) in 1945. With these developments police training in race relations came to be a

¹ Formerly Mayor's Committee on Race Relations.

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matter of more general official concern. *A Guide to Race Relations for Police Officers*,¹ developed out of the Richmond conferences, has been used along with other materials in training courses in the police departments of Minneapolis, St. Paul, and Youngstown, and in the Chicago Park District. Many other departments are developing programs to give policemen the knowledge and understanding that will enable them to ease and prevent community tensions.

Voluntary Activities

Over 125 national voluntary agencies are working in the race relations field. These include church, labor, and professional organizations, youth groups, and others whose primary functions are in different fields but whose programs include work on the broad front, or on some particular aspect, of race relations. See RACIAL PROGRAMS IN SOCIAL WORK. Thus, among the most active promoters of goodwill and democratic practices has been the National Board of the Young Womens Christian Associations whose Interracial Charter was strengthened in March, 1946, by specific recommendations for the extension of its own interracial practices, and by the adoption of a far-reaching public affairs program. At the same time the Federal Council of the Churches of Christ in America called upon its constituents to eliminate segregation from the life of the church and from church-controlled and supported institutions—schools, hospitals, and theological seminaries.

The history of the American labor movement has proved it to be one of the most effective forces in advancing democratic race relations. See LABOR STANDARDS. Even before the formation of the Congress of Industrial Organizations (CIO), with its constitutional provision barring discrimination, some trade unions had fought against all forms of racial segregation and inequality. The Amalgamated Clothing Workers of America, for instance, insisted on equality of Negro workers in plants where the union operated, even in the South. The National Maritime Union,

chosen in a nation-wide poll as one of six organizations that has done most for the improvement of race relations, has also insisted on the acceptance of its members on a basis of racial equality and has conducted vigorous educational campaigns to that end. The formation of the CIO Committee to Abolish Racial and Religious Discrimination signifies the concern of the whole CIO movement. This Committee consults with industrial union councils and distributes educational materials widely among trade unions and other groups. *To Unite Regardless . . .* and *To Stamp Out Discrimination*—titles of their excellent pamphlets—are the purposes of the United Automobile Workers-CIO Fair Practices Committee; and the United Packinghouse Workers and other CIO unions also have active programs to work and plan for unity among their members, for getting nondiscrimination clauses into contracts, and for community action. The organizing drive of the CIO in the South, and the educational work of the National Farmers Union in rural areas, have important implications for race relations.

The American Federation of Labor (AF of L) has no constitutional provision against discrimination, and affiliated locals or international unions may therefore exclude minority workers or relegate them to auxiliary "Jim Crow" locals. While there has undoubtedly been discrimination in several CIO unions under pressure of local custom, such extreme cases as that of the AF of L Boiler Makers¹ would not be constitutionally possible in the CIO. The AF of L does include in its manual for the conduct of local unions and the initiation of membership a mandate that there shall be no discrimination on the basis of race, creed, or color; and President William Green has called on all affiliated unions and individual members to combat racial and religious bigotry and discrimination. Some AF of L unions, notably the International Ladies Garment Workers

¹ The Boiler Makers relegated Negroes to auxiliary unions; but in *Joseph James, et al., vs. Marinship Corporation*, the California Supreme Court ruled that the union must either admit Negroes to full membership or relinquish its closed shop.

¹ See McEntire and Powers, *infra*.

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Union, have long and outstanding records in work for the equality of all members.

Since the war, new veterans' groups have joined in active work against discrimination, particularly as it affects returning servicemen. Among the World War II organizations, the American Veterans Committee is perhaps best known for its interest in this field, while the United Negro and Allied Veterans of America is the newest of the specifically interracial organizations. The cooperative association of race relations and functional groups around the central issues of postwar America can well be illustrated in the efforts to secure equal services for minority veterans. Through a series of conferences called by the American Council on Race Relations, a joint action council was formed to press for forthright policy and administrative implementation by federal agencies involved in the veterans' program. The Council includes race relations agencies, unions, church groups, youth, professional, and civic groups, and veterans' organizations.

The Civil Rights Congress was formed in 1946 as another consolidation of groups working for democracy. Established as a national membership organization to meet growing attacks on labor, racial, and religious minority groups, it includes representation from church, labor, farm, veteran, and civic organizations in 23 states and the District of Columbia. Local affiliates have been formed through which the Congress can carry forward a unified program of action against discrimination.

The many older organizations continue to develop and extend their programs to meet ever-increasing demands imposed by changing conditions. The National Association for the Advancement of Colored People combats discrimination through the courts, by legislative action, and by unremitting pressure on government and law enforcement agencies; the National Urban League works for the effective integration of Negroes into all phases of industrial and community life; the National Negro Congress relates the problems of Negroes to problems of the nation in its work for progressive legislation and its attack upon all manifestations of racist doctrine; and, according to the classification of Charles S. John-

son,¹ ten other national agencies are concerned primarily with the field of Negro-white relations. The American Jewish Committee and the Anti-Defamation League of the B'nai B'rith, among other agencies working on Jewish problems, increasingly emphasize the total problem of prejudice rather than the isolated problems of anti-Semitic manifestations. Of five national agencies concerned with the foreign born, the American Committee for Protection of Foreign Born maintains a service to assist noncitizens who wish to become naturalized, carries on educational work to stimulate and encourage understanding between the foreign and native born, and works for the defeat of all "anti-alien" bills in Congress. Since the closing of the War Relocation Authority centers, agencies working on Japanese-American problems have had to assume even greater responsibility and to work under greater pressure. Much of this responsibility falls on the Japanese American Citizens League and the local committees on resettlement that have been recently formed in Chicago, New York, and in other communities where Nisei have relocated in large numbers.

Of the newer national agencies in the field, the American Council on Race Relations works to bring about full participation of all citizens in all aspects of American life. Co-operating with government agencies and national voluntary organizations in planning and developing national programs in race relations, the Council's three divisions and its Pacific Coast regional office in San Francisco are concerned with the discovery, development, and dissemination of effective techniques in race relations. Through its division of community services, the Council cooperates with local groups and agencies to develop programs of action and provides assistance to local government in official programs; through its information service it assists community groups with public relations programs and works through mass communications media to increase public concern and attention to the full functioning of democracy in race relations; and through its clearinghouse it serves as a center for the exchange of current infor-

¹ See p. 117 in *Annals* (*infra*).

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mation and experiences between groups and agencies in the field.

Two "action-research" programs have been inaugurated within the past few years. The Institute of Ethnic Affairs was created to find and to achieve solutions to problems within and between ethnic and racial groups and dependent peoples at home and abroad. Two Commissions of the American Jewish Congress combine fact finding and action. One of these, the Commission on Community Interrelations, seeks through various means to determine the forces underlying intergroup conflict and to overcome them in community experiments. The other, the Commission on Law and Social Action, studies all phases of discrimination as they are reflected in legislation and works to promote democratic policy through positive action.

Growing out of the Commission on Interracial Cooperation, the Southern Regional Council was organized in February, 1944, as a nonprofit, nondenominational, nonpolitical agency to work for the improvement of economic, civic, and racial conditions in the South. The Council is developing state divisions and affiliated local committees through which it works to press for equal opportunities for Negroes. As part of its work to create better understanding between races, it publishes a monthly magazine, *The New South*,¹ with special quarterly issues to include detailed studies of some phase of southern development. Since the war the Council has added a program for the study and improvement of facilities and opportunities for Negro veterans in the South.

In 1938, as a response to the President's *Report on Economic Conditions of the South*, which characterized the 13 southern states as the nation's "Number One Economic Problem," over 1,200 southerners organized the Southern Conference for Human Welfare for the extension of democracy in the region. The Conference at first worked chiefly for the abolition of the poll tax and other restrictions to freedom of the ballot in the South, where less than 30 per cent of the potential voters

were able to vote. Through work with business, labor, farm, civic, church, and professional groups, it has campaigned also for permanent fair employment legislation, federal aid for education and health, and other specific legislative measures to help the development of the South; and since the outbreak of violence in Columbia, Tenn., in February, 1946, and the subsequent beatings and lynchings of Negroes in the South, it has attempted to mobilize the demand for state and federal investigation and action against these violations of civil rights. With headquarters in Nashville, Tenn., the Conference maintains a legislative office in Washington, D.C., offices in several states in the South, and an office in New York City. The Conference publishes pamphlets and a monthly bulletin, *The Southern Patriot*, and issues special calls for action as critical situations arise.

Of the 250 voluntary local race relations committees, the so-called civic unity groups are on the whole a wartime development although some have struggled for many years against the odds of entrenched community patterns. The San Francisco Council for Civic Unity is an example of the gathering together of forces within a community around the problems of race relations. Membership and officers include people of all racial, religious, political, economic, and social groups of the city, as well as representatives of other agencies working on intergroup problems. With a full-time paid staff and operating budget, made possible by individual and organizational membership dues and by grants from two local foundations, the Council for Civic Unity has made an excellent record in its first few years of existence. It has worked vigorously for fair employment practice legislation; made studies of segregation in public housing and successfully pressed the authorities to establish a policy against segregation—one of the rare examples of official policy by a local housing authority to make public housing available for veterans on a "first come, first served" basis without regard to race, religion, or national origin; and exercised leadership in stopping, through community action, a restrictive covenant suit in the Portola Heights neighborhood.

¹ Formerly *The Southern Frontier*.

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"To provide an organizational structure at the state level through which the large number of local civic unity councils, fair play committees, interracial committees . . . and other organizations with similar purposes may exchange experiences and develop programs to mutual advantage" is the specific purpose of the first voluntary state-wide organization in this field, the California Council for Civic Unity. Organized in the spring of 1946, it serves by joint action to strengthen the activities of its member groups, and to deal forcefully with problems common to the communities of the state. Following California, Ohio has inaugurated a Federation to Promote Democratic Living on a similar basis. Realizing that consolidation will give their action programs greater effectiveness, local groups in other areas are beginning to move toward federation.

Intercultural Activities

Recent surveys reveal hundreds of other organizations working to promote better understanding and more harmonious relations among the racial, religious, and ethnic groups in the United States. Most of these agencies, according to the surveys,¹ devote their efforts to providing speakers and arranging forum discussions and to publishing pamphlets. A major recent development has been the application of intercultural projects to whole communities or school systems.

Through active cooperation and grants-in-aid, the National Conference of Christians and Jews inaugurated in 1945 a Project on Intergroup Education under the American Council on Education as a community-wide attempt "to explore and to expand the effective programs of teaching intergroup relations." School systems in 17 cities cooperate in the project; materials developed are disseminated through workshops, and reports are issued for use in education generally. The project deals with study and planning of curriculum, guidance programs, and school-community relations. Because teacher training is considered of vital importance, the American Council on

Education conducts workshops for teachers, and has established a commission on intergroup education in teachers' colleges and nine centers for experimental studies on methods, materials, and student participation.

The Bureau for Intercultural Education, set up to meet the national demand for intercultural programs in schools and communities, has four chief areas of work, involving the total community when that is found necessary for the success of education through schools. It works intensively in selected communities to aid local school systems in the progressive development of materials and curricula and to help the community meet its particular needs in implementing "cultural democracy"; offers consultation to a wide variety of organizations and individuals; concerns itself with teacher education through workshops and by cooperation with institutions of higher learning; and produces and analyzes learning materials which it distributes widely to school and community educators.

Over 25 cities—large, small, and medium—are known to be developing programs in the schools. The so-called Springfield Plan, once called a "community's total war against prejudice" and now described as "a battle for good citizenship," has been the most widely publicized. In 1939 the National Conference of Christians and Jews aided in the launching of an experimental program to teach democracy in Springfield (Mass.). Recognizing that practice of democracy is necessary in the teaching of democracy, teachers themselves examine candidates for teaching posts and have a voice in personnel practices of the system. In classrooms, student planning is encouraged, and in the high school "town meeting," students learn methods of democratic procedure by applying them to actual situations in the school and by considering the broad problems of their community, the nation, and the world. A parent-teacher-student association replaces the more traditional parent-teacher associations; students are represented, together with racial, religious, civic, and educational groups, on the mayor's recreation committee for the city; and clergymen of all faiths, business executives, labor leaders, publishers, and the heads

¹ See pp. 34 ff. in *Annals* (*infra*).

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of women's, youth, and civic organizations work together on the adult education council. Thus the schools have put into practice the best principles of good teaching, and Springfield itself has recognized that by wide participation and shared responsibility, a community can plan and effect changes in the patterns of prejudice and discrimination.

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MARY-JANE GRUNSFELD

JEWISH SOCIAL WORK.¹ The past two years have been years of significant change in Jewish social work, with the foundations being laid for even greater changes in the years ahead. Jewish social service took on a truly global character as unprecedented sums were raised for programs to meet the unparalleled tragedy of Jews in Europe and other parts of the world. At the same time Jewish social work was taking stock of its obligations at home after a decade and a half of depression and war, and was moving ahead with major long-range plans, including large-scale capital financing.

What is happening today and what is projected ahead are logical links in the historical chain of Jewish social work, and are in keeping with the heritage carried down to this generation. Aid to one's fellow men has always been regarded by the Jews not merely as an optional individual act but rather a fundamental duty of the community — an obligation of society to its members. The Bible and ancient Jewish law are replete with regulations compelling sharing of one's goods with those in need. The precepts concerning the giving of a portion of one's crops, feeding the hungry, housing the stranger, caring for the widow and the orphan, and preventing need itself have been continued and adapted through the centuries as the motivating force of Jewish community service.

¹ For names of national agencies in this field listed in DIRECTORY of AGENCIES in Part Two, see INDEX under the title of this article.

¹ For addresses of periodicals listed, see Appendix A.

Although support of Jewish social work is voluntary, contributions have much of the character of self-taxation, with a consciousness that each member is expected to bear his fair share of group responsibilities.

No word is more honored in Jewish tradition than "Zedakah." Usually translated as charity, its literal meaning is justice. In that concept lies the inherent quality of all Jewish social work.

Jewish Community Organization

Like much of voluntary social work in America, Jewish social services were started by individuals and small groups who saw some people in need and took it upon themselves to provide help. As early as the Revolutionary War, Jewish orphanages were set up; in the middle of the following century Jewish hospitals were established; and in the 1870's came the United Hebrew Charities for relief and general assistance. Homes for the aged followed, along with almost every type of social work organization.

While religious in inspiration and origin, Jewish social work is not administered under the jurisdiction of synagogues and temples. Its agencies are secular in structure, although synagogues are often formally represented on boards, and rabbis have held prominent roles of leadership. Each community is completely autonomous with respect to the organization of its Jewish social work.

Jewish programs of case work, group work, health, and other services operate within the general framework of voluntary social work in America. As public welfare has expanded, Jewish service has tended to concentrate on supplementary services where Jewish religious and cultural elements are of special importance, and on experimental and demonstration services which government is not yet permitted or ready to render. Standards of performance vary considerably. A number of agencies have given community-wide leadership in family welfare work, child care, psychiatric case work, hospital care, vocational guidance, and group work. During the depression Jewish agencies were among the leaders in pressing for higher relief standards.

The staffs of Jewish agencies receive their training at nonsectarian schools, with a number taking their field work in Jewish agencies. *See EDUCATION FOR SOCIAL WORK.* There have been no Jewish schools of social work since the Graduate School for Jewish Social Work went out of existence in 1940. A project is currently under way to establish a training program which will concentrate upon a post-graduate preparation for Jewish community organization, Jewish community relations, and overseas welfare service, the fields to which existing nonsectarian schools have given relatively little or no attention. Other educational programs are being considered by national Jewish agencies and seminaries.

As early as the 1890's, the need for coordination of local financing was recognized as individual agencies went beyond the circle of their original founders to seek support from the general Jewish population. The result was the formation of the first Jewish federations in Boston and Cincinnati in 1895, to be followed by many other large cities in the next decade. These early Jewish federations helped set the pattern for the community chest movement which developed during and following World War I. *See COMMUNITY CHESTS.*

The primary purpose of the Jewish federations has been to combine into one campaign the appeals of worthy local charitable agencies and to introduce central budgeting so that each agency may receive support in proportion to its needs and services rather than in proportion to the effectiveness of its solicitors. Today most local Jewish welfare agencies are included in federations, and the small minority still outside is constantly shrinking.

In the establishment of community chests in the 1920's, most Jewish federations gave up their fund-raising function, but retained their budgeting responsibility. Thus on the basis of the needs submitted to chests, the latter grant Jewish federations lump sums which the federations in turn allocate to the individual Jewish agencies. In small and intermediate communities which may not have Jewish federations, chests allocate funds directly to Jewish agencies. Jewish services now

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receive community chest support in about 100 cities.

Jewish federations and social service organizations have become members of councils of social agencies, to participate with other agencies in community-wide planning. See COUNCILS IN SOCIAL WORK. They have continued their social planning and coordination, however, tying together the services of the Jewish agencies as parts of an over-all service to the Jewish population and involving also related agencies and services not within the scope of the chests or councils.

A second major type of central Jewish community organization, the Jewish welfare fund, was initiated in Columbus (Ohio), Indianapolis, and Oakland (Calif.) in 1925-1926 to provide central fund raising and budgeting for national and overseas agencies appealing to Jewish communities for support. What federations had done for local agencies thirty years before, Jewish welfare funds now did for agencies making national appeals. They included, too, local agencies not within the scope of community chests, such as bureaus of Jewish education, or new local agencies which the chests did not feel they had the money to support, such as Jewish vocational placement and guidance agencies.

A third, and the most recent, form of central Jewish community organization is the Jewish community council. The council's distinguishing feature is its concern with non-philanthropic community problems. Jewish community councils devote themselves to such purposes as (a) strengthening understanding and relationships with non-Jewish groups, (b) improving Jewish cultural activities, (c) relating the local Jewish population to national and international nonphilanthropic Jewish developments, and (d) developing greater coordination among local religious, fraternal, and other types of organizations. While Jewish federation and welfare fund membership typically had been based upon individual contributors, community council membership consists of delegates from all types of Jewish organizations.

The rapid growth of central Jewish community organization in one or another of these

forms has been remarkable within the past fifteen years. In 1930 only about 50 cities had some form of central Jewish agency. Today the number is over 300; and it is still growing as small cities continue to organize.

A new development is regional organization of small cities with too few Jewish people in each to carry on desirable activities. About 60 small communities in southern Illinois have formed a Jewish federation for joint fund-raising, budgeting, educational and cultural activities, and community relations, and have arranged to use the social service agencies of St. Louis on a fee basis. Similarly, communities in Maine have formed a state council, and those of central Louisiana an area organization. Related to this trend is the growing practice of large metropolitan cities to include small surrounding communities in their campaigns, services, and organization. The central organizations in 300 cities actually cover about 800 communities.

Except for very small cities, the establishment of some form of central Jewish community organization has been largely completed. The Council of Jewish Federations and Welfare Funds has assisted actively in this process, but the primary motivation has been the conviction of each community's leadership that such organization was required to meet recognized needs. The pattern has grown from the ground up. What is now taking place in many cities is a process of reorganization of existing agencies, as new needs necessitate changes in function and structure and as experience has demonstrated the wisdom of such changes.

With immigration virtually halted during the past twenty years, the Jewish population of each city is more homogeneous economically, socially, and culturally than it used to be. The lines of separation which developed as immigrants clustered on the basis of country or city of origin have dissolved in the case of their American-born children. The basis for genuine community-wide participation and cooperation, for all working together, has been strengthened. With this change, differences between those providing and those receiving services have been dissolving, also. Today per-

sons who sit on the boards of Jewish hospitals, vocational guidance agencies, Jewish community centers, and agencies of Jewish education find themselves administering services for themselves and their own families as well as for others.

There has been a definite trend in cities having two or more central Jewish community organizations toward merger of these agencies into one central Jewish agency. This has taken place within the past few years in Atlanta, Dayton, Hartford, Kansas City (Mo.), Oakland, and a number of other cities. Formerly typical of smaller communities, the trend has spread to the larger ones, and is aimed at securing greater coordination, efficiency, and effectiveness. The terms federation, welfare fund, and community council have tended to become interchangeable as each city has retained one or the other name but embodied the scope of all.

Underlying this and other trends in Jewish community service is a marked emphasis on studies and self-examination as a basis for action, with some calling in of experts for consultation and assistance. Within the past three years 20 of the 29 largest Jewish communities in the United States and Canada have conducted or projected local studies of their needs, services, and organizational structures. Albany, Newark, Seattle, and Wilmington (Del.) have recently projected over-all community surveys. Others are making studies of health, care of the aged, group work, and Jewish education.

A result of these mergers and studies has been the extension of Jewish community services into areas of need heretofore not met on a community-wide basis. Agencies are thinking in the broader terms, and are moving toward embracing all matters which affect the welfare of the entire Jewish community.

Another trend is the development of closer coordination of agencies. It is evident in mergers of family welfare and child care agencies, the integration of group work institutions, coordination of Jewish education, and other similar action. Beyond this, there is growing coordination between group work and case work agencies, between group work and

Jewish educational programs, and between hospitals and homes for the aged. In small communities this may take the form of direct administration of services by the central community agency. In larger cities the central agencies have formed coordinating committees for such joint planning and cooperation.

With the change in the composition of the Jewish communities and in the nature and scope of their responsibilities has come a constantly increasing degree of community participation. People feel a direct stake in the needs being met and in the policies and programs being evolved. They have indicated a desire and readiness to serve actively on boards, committees, and in other ways.

Some central community agencies are developing large assemblies as their governing and policy-making bodies, these being composed of delegates of organizations and individuals at large. Smaller administrative boards are selected by and are responsible to these assemblies. Boards meet more frequently, and there has been a more rapid turnover in their composition and among their officers. Committee membership is being spread among larger numbers. Campaign organizations include 100 volunteer workers for every 10 formerly involved. With this development has come a greater emphasis on year-round programs of community education to inform the community more adequately about needs, services, and responsibilities.

Tied in with all this is a trend toward professionalization. About 100 federations, welfare funds, and community councils now employ full-time executive directors, and the number is growing constantly. Within the past few years Norfolk, Phoenix, Seattle, South Bend, Tucson, and other cities have employed professional executives for the first time, as the lay leaders came to recognize that community responsibilities require special skills, training, experience, and detailed attention. Large cities have been increasing the size of their professional staffs by adding assistants.

The local central community organizations are associated nationally through the Council of Jewish Federations and Welfare Funds.

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Financing Jewish Social Work

Jewish federations, welfare funds, and community councils will raise about \$150,000,000 in 1946, according to midyear indications. This is a gain of 140 per cent over 1945, the previous peak year. The increase in 1945 was 23 per cent over 1944. This \$150,000,000 total is for current needs only and does not include amounts received from community chests or raised in capital fund campaigns. The gain in the number of contributors is similarly striking. In 1938 these campaigns enrolled 11.4 contributors per 100 of the Jewish population, in 1945 they enrolled 26, and in 1946 the number was expected to be even greater.

The complete total of money raised for all of the agencies and services would be substantially larger than the amounts cited above. A variety of appeals are still conducted outside of the central community campaigns by agencies which have not yet achieved general community acceptance, and by national and overseas agencies which prefer or find it expedient to conduct independent drives in some cities. The 1946 gains reflect the tremendous appeal of Jewish needs overseas and the cumulative effects of permanent strong Jewish community organization, as well as favorable general economic conditions and government tax-exemption provisions for charitable contributions.

During the war years Jewish federations and welfare funds in 23 cities joined in community and war chest campaigns. Seventeen of these received \$5,240,000 from war chests in 1945. In addition, important gains in community cooperation and understanding were achieved. The rate of increase in receipts was less, however, than among the Jewish welfare funds which campaigned independently, and several of those in war chests were permitted to run supplementary campaigns to help make up the difference in order to meet national quotas.

With the dissolution of war chests following termination of the National War Fund in 1946, the Jewish federations and funds have returned to independent campaigning for national and overseas needs and for local agen-

cies outside the scope of community chests. They have been able to re-establish large and effective organizations of volunteer solicitors and the results have been phenomenal, reaching totals far exceeding their goals.

The growing importance of overseas needs in Jewish financing is reflected by the fact that in 1939 about 27 per cent of the funds spent by central Jewish communal agencies went for overseas purposes. In 1945 the proportion was 55 per cent, and in 1946 it was expected to be even greater. While the proportion for domestic purposes has therefore dropped, the actual amount has increased greatly. A sampling of 65 representative cities shows a gain of 45 per cent for domestic Jewish social services between 1939 and 1945.

About \$45,000,000 went for overseas needs in 1945. Of that sum, \$35,000,000 went to the United Jewish Appeal for Refugees, Overseas Needs and Palestine for its three beneficiaries: the American Jewish Joint Distribution Committee, for relief and rehabilitation in Europe and elsewhere; the United Palestine Appeal, for resettlement and reconstruction in Palestine; and the National Refugee Service (now United Services for New Americans, Inc.), for resettlement in the United States. The remaining \$10,000,000 for overseas purposes went to smaller agencies with specific functions such as vocational retraining, migration work, and medical programs in Europe and Palestine. Among them were the Hebrew Sheltering and Immigrant Aid Society, the American ORT Federation, Hadasah, and the National Labor Committee for Palestine.

About \$12,000,000 was raised in 1945 for agencies offering a variety of national services. They included national Jewish hospitals, educational and theological institutions, organizations fostering interfaith understanding, and others. During the war the National Jewish Welfare Board spent \$2,750,000 in addition to United Service Organizations, Inc., funds for special religious and other needs of men and women in the armed forces.

Central Jewish community organizations distributed an estimated \$30,000,000 in 1945 from funds raised directly or granted by com-

munity chests for local purposes. A decreasing proportion of funds has gone to family and child welfare services during the past decade, reflecting greater government responsibility for basic financial aid. Over 48 per cent of total local expenditures went for family and child care in 1935; by 1944 the proportion had shrunk to less than 33 per cent. A larger proportion, in contrast, has been devoted to group work and education, rising from about 14 per cent in 1935 to 22 per cent in 1944. The proportion for health services has remained relatively stable at 30 per cent. A minor but increased proportion has gone for community relations and vocational guidance.

There has been a very striking development of capital financing for local programs in recent years. Fifty-seven cities have raised \$43,305,119 since 1944 for these purposes, and have projected campaigns for an additional \$20,541,431. This makes a total of \$63,846,550 for new buildings, major extensions, and repairs in those communities. Other cities have raised and projected considerable additional sums, and even in the 57 communities cited there have been independent drives for which information is not available.

Notable have been the joint capital fund campaigns conducted by Baltimore, Chicago, New York, Philadelphia, and Pittsburgh, in an amount totaling \$32,000,000 from 1944 to early 1946. Without preparing advance blueprints or designating funds for individual agencies, these communities have been able to raise very large funds on the assurance that requirements would be carefully studied and that funds would be allocated on the basis of relative need. This contrasts favorably with the usual capital fund experience of separate drives by individual agencies.

Outside of the five cities named, about 50 per cent of the capital funds will be devoted to hospital purposes. Jewish community centers will receive about 30 per cent. The balance will go for temples and synagogues, some of which will be combined with community center facilities, homes for the aged, social clubs, and educational facilities.

Trends in capital financing include a greater degree of central community planning, more

careful examination of needs, flexibility in expenditures to relate to changing conditions, a common ban against incurring mortgages, and careful consideration of future program and maintenance costs entailed by additional facilities.

Overseas Programs

The liberation of Europe in 1945 ended the blackout of occupied countries and revealed the tragedy of Jews in its shocking reality. Unprecedented in cruelty and barbarism, the Nazi program of systematic murder by gas chambers and starvation had killed 6,000,000 of the 7,500,000 Jews of Europe outside of Soviet Russia. The survivors of the concentration camps were left broken in body and mind, their families wiped out, their property gone, their community institutions destroyed. Upon American Jews, as the largest remaining Jewish community in the world, fell responsibility for binding their wounds, for bringing them back to health, and for providing long-range solutions to their problems.

A vast expansion of previous aid was undertaken. The United Jewish Appeal set out for \$100,000,000 for 1946. (This is to be compared with the \$35,000,000 raised in 1945, the \$27,000,000 in 1944, and the \$18,000,000 in 1943.) By November, 1946, it was certain that the \$100,000,000 goal would be attained and, in fact, slightly exceeded. The program of aid includes not only physical relief and rehabilitation of Jews in Europe, but restoration of Jewish economic, cultural, religious, social welfare, and other communal services and institutions.

Jewish voluntary agencies work in close cooperation with the United Nations Relief and Rehabilitation Administration (UNRRA), the Red Cross, and other organizations. UNRRA activities are supplemented with personal services, medical aid, and other programs in countries in which UNRRA operates. However, 75 per cent of the surviving Jews of Europe outside of the Soviet Union are in countries where UNRRA does not operate. For help there, American Jews must bear the major responsibility until the situation improves and until governments stabilize so

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that Jews who remain may become self-supporting. All of this is complicated by difficult problems such as the restoration of properties seized from the Jews by the Nazis. *See FOREIGN RELIEF AND REHABILITATION AND INTERNATIONAL SOCIAL WORK.*

One of the most critical situations has been that of the 100,000 displaced persons, mainly in camps in the Allied-occupied zones of Germany and Austria. Observers, including the Anglo-American Commission of Inquiry, have agreed that emigration from Europe is an urgent necessity for these persons and that Palestine is both the destination of their choice and offers major practical prospects for refuge. The fact that Palestine has absorbed about as many Jewish refugees as the rest of the world combined is due in large measure to American Jewish contributions to buy land, build roads, drain swamps, irrigate desert areas, establish colonies, develop housing, conduct schools, build hospitals and social service institutions, provide tools and machinery, and other forms of assistance.

American Jewish contributions in 1945 to the United Jewish Appeal for work in Palestine amounted to \$14,500,000. In 1946 over \$42,000,000 of the \$100,000,000 objective was intended for Palestine. Other agencies are seeking an additional \$10,000,000 for that purpose.

Immigration of Jewish refugees to the United States reached a peak of 45,000 in 1939, the highest total since 1924. During the war it dropped to 4,705 (in 1943). In all, about 200,000 Jewish refugees have been absorbed by this country since the advent of the Hitler reign of terror in 1933. Their successful absorption is attested by the fact that, in 1944, local Jewish central agencies spent only 2.5 per cent of their funds on aid to refugees in this country.

As a result of the ending of the war and President Truman's directive of December, 1945, assigning immigration priority to displaced persons in the American zone of occupation, between 10,000 and 15,000 Jewish refugees were expected to enter the United States in 1946. *See ALIENS AND FOREIGN BORN.*

War Service

Like all America, the 5,000,000 Jews of the United States mobilized their full resources to provide for the religious, social, and personal needs of the 600,000 Jewish men and women in the armed forces of this country during the recent war, and for the related civilian tasks at home. The central instrument for this action was the National Jewish Welfare Board, with 38 affiliated national Jewish organizations and 626 local Army and Navy Committees in the United States and others in foreign lands. As the Jewish member of the United Service Organizations, Inc. (USO), the Jewish Welfare Board conducted 222 USO operations. The Jewish Welfare Board also served overseas in areas beyond the scope of the USO.

Millions of comfort items were sent to the Army and Navy. Wounded men in 120 general Army and Navy hospitals were served in 1945 with bedside visitation, religious services, gifts, and personal service. Military personnel in training at 379 colleges were given special service. Three hundred and eleven Jewish chaplains were recruited, with three-fourths of them serving overseas. In addition to helping with these programs, the local Army and Navy Committees, in cooperation with Jewish federations, welfare funds, community councils, and community centers, organized drives for the sale of War Bonds, enrollment of blood donors, and support of other community activities. Integrated with community-wide programs, these efforts were granted a number of national and local merit citations.

The Jewish Welfare Board has been the permanent Jewish agency for service to the armed forces since World War I and will continue this activity after the dissolution of the USO.

Service to Veterans

With discharged veterans flowing back into communities in substantial numbers well before the end of the war, Jewish communities were organizing actively to meet their needs as early as the first months of 1944. Service to veterans has developed with the recognition that basic responsibility rests with the govern-

ment, and that general supplementary aid should be provided by the total community. Thus, Jewish agencies have helped stimulate the formation of city-wide referral and service centers, and have participated in them. To meet any special needs beyond these over-all programs, 82 cities have formed Jewish veterans' service committees. Their purpose has been to bring together the central financing, vocational, case work, recreation, and other local Jewish agencies to plan jointly in anticipating the requirements of veterans, in adapting old services, and in developing new ones.

By June, 1946, relatively few veterans had sought personal service from Jewish social work agencies. Their major requests have been to Jewish vocational organizations for guidance and aid in placement, and to Jewish community centers for recreational and cultural activities. In several cities, Jewish vocational agencies, because of their special facilities, have been used by substantial numbers of Christian veterans. To ease the integration of veterans into the community, Jewish community centers, synagogues and temples, and other agencies have given them free membership for six months or a year following their return.

The National Jewish Welfare Board, accredited to the Veterans Administration, had 17 workers stationed in various parts of the country to assist in obtaining pensions, hospital and medical treatment, vocational rehabilitation, and other services and benefits to which veterans are entitled. The National Jewish Welfare Board also ministers to the religious and personal needs of Jewish patients in 87 veterans' hospitals through its own staff, and with the help of rabbis who give part time for this purpose. *See VETERANS' BENEFITS AND SERVICES.*

Economic Adjustment

Jewish vocational placement and guidance agencies, developed largely within the past ten years, provide help in dealing with those economic adjustment problems of Jews which result from discrimination in placement and other factors. They also supplement the United

States Employment Service and the public schools, offering a demonstration of intensive services which they hope will be adopted eventually by the public agencies. Their service is available to the general community, although special emphasis has been given to clients of social agencies.

There were 20 Jewish vocational service agencies in the United States and Canada with full-time professional staffs in June, 1946. Over 100 Jewish communities, however, offer some type of economic adjustment program. Where there is no Jewish vocational service agency, the work is done as part of the family service organization, community center, or local branch of a national Jewish organization.

Three local agencies, in Baltimore, Boston, and St. Paul, were completely reorganized within the past year. Buffalo and Montreal established new agencies to replace others which had lapsed, and Springfield, Mass., set up an agency for the first time. A regional pattern of service is being established by the B'nai B'rith Vocational Service Bureau.

Emphasis in service has shifted with changing economic conditions. During the depression, placement was stressed. Aid to the marginal worker, and vocational guidance, took on additional stress during the war. In the past year attention has centered on returning veterans (50 per cent of the new applicants registering with Jewish vocational service agencies in the first quarter of 1946 were veterans), displaced war workers, marginal workers, and youth, with renewed emphasis on placement. The problem has been heightened by an increase in discrimination since V-J Day, as reported in a study made by the National Community Relations Advisory Council.¹

Nineteen agencies in March, 1946, accepted 1,088 new registrations for counseling and 3,524 for placements, had a combined active file of 4,420 in counseling and 7,863 in placement, and filled 1,469 positions. This represents an increase over March, 1945, of 186 per cent in counseling registrations, 210 per cent

¹ *Postwar Employment Discrimination Against Jews.* 15 pp. New York, 1946.

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in placement registrations, 66 per cent in the counseling active file, 167 per cent in the placement active file, and 64 per cent in total placements made.

Other trends include (a) increased service to Christians during the war, which has amounted to 10 per cent or more of the service of the majority of Jewish agencies and is due to the lack of adequate nonsectarian facilities; (b) more attention to the high-school-age group to help prevent economic maladjustment; (c) demonstration projects in high schools, as in Cleveland and Newark, to improve the quality of guidance; (d) growing concern with self-employment and business consultation; and (e) rejection of the idea of fee services, due to administrative, legal, and public relations considerations.

The national service and coordinating agency in the Jewish vocational field is the Jewish Occupational Council.

A related Jewish communal service is that of free loan societies. Representing a traditional Jewish activity, these societies grant relatively small, personally endorsed loans for self-support undertakings and other needs. They generally operate without financial support from federations, deriving their income directly from a dues-paying membership. During the war the volume of loans decreased considerably.

Family Case Work Services

In 1946 there were 84 Jewish family case work agencies in the United States and Canada with part-time or full-time paid staff.¹ They offer a variety of services including personal counseling, relief, free loans, vocational guidance and placement, visiting housekeeper service, aid in self-support ventures, and educational scholarships. Their central objective is to maintain the stability of Jewish family life, the keystone of Jewish cultural and religious heritage.

A study of 46 Jewish case work agencies, made in 1946, showed 25 offering multiple services and 21, single functions. Integration

of activities has come about through mergers, in some cases, and through addition of new functions to single-purpose agencies. Recent mergers include that of the New York Jewish Social Service Association and Brooklyn Jewish Family Welfare Society; the Jewish Child Welfare Association and the Jewish Family Welfare Association, in Boston; and the Jewish family and child care services in Detroit. Within the multiple-function agencies, however, operating under one board and administration, there has been a countertendency toward increased specialization of case loads and supervision, instead of a lumping together of all types of needs miscellaneously.

Another trend has been the increased use of graduates of schools of social work, even in small cities, and the greater utilization of psychiatric, medical, and other resources.

According to a report by the Council of Jewish Federations and Welfare Funds,¹ the monthly average of direct service cases dropped 33 per cent in the five years from 1940 to 1944. Applications and cases accepted dropped 40 per cent. The monthly average of relief cases dropped over 60 per cent in that period, and annual relief expenditures shrank by 50 per cent in 34 agencies reporting to the Council of Jewish Federations and Welfare Funds. Average individual monthly relief grants went up 30 per cent, however, to match the increased cost of living. About one-fifth of the persons served by Jewish family welfare agencies were also receiving public relief. The number of such persons dropped 30 per cent in the five-year period, and three-fourths of those remaining were given personal service only, without supplementary relief.

As a result of these changes, Jewish agencies are now concentrating on rendering personal service to families who do not need financial help. In 1940 the proportion of such "service only" cases was 60 per cent of the total of direct service cases; in 1944 the proportion had jumped to 74 per cent. The number of service cases dropped 26 per cent during that period, but the relief cases decreased so much faster

¹ Of these, 52 are autonomous agencies and 32 are departments or functions of federations or other central agencies.

¹ See *Trends—Jewish Social Service (infra)*.

that the "service only" cases registered a proportionate gain.

In line with this trend, agencies in Cleveland, Los Angeles, and New York have instituted a plan whereby fees, scaled according to the client's resources, are charged for case work services. Fees are waived, as in the past, for those who are unable to pay. Thus these agencies emphasize service to all economic groups, including those who are financially independent. Changing the public's conception of the agencies to reflect this development presents, however, a continuing difficult problem. See FAMILY SOCIAL WORK.

Child Care

Jewish child care is offered by multiple-service agencies in a number of cities, as already noted, and by separate child welfare agencies in others. The trend toward merger with family welfare agencies has also been pointed out. Within the child care field itself, moreover, the process of merger and integration continues, the most recent combinations being in Chicago, Cleveland, New York, Philadelphia, and St. Louis.

The volume of service itself has dropped sharply, especially in institutions.¹ The number of children under the care of 38 agencies decreased 40 per cent in the five years 1940-1944. The number of children accepted dropped 31 per cent.

Institutions cared for 32 per cent of the children in 1940, and less than 27 per cent in 1944. The number of beds in institutions was cut 40 per cent in the five-year period, with several institutions closing completely. In contrast, the proportion in foster homes rose from 56 per cent to 60 per cent. The remaining children were cared for in their own homes, in homes of relatives, and in other ways.

What this indicates is a continued trend toward greater individualization of child care. Placement away from a child's own home is a final resort, and every effort is made to return him to his parents as quickly as possible. The institutions themselves are individualizing their services, exercising greater discrimination in admitting only children who require

group care, and are keeping them for shorter periods of time. The cottage arrangement has been replacing large congregate institutions.

A troublesome problem during the war years, and continuing into the postwar period, has been the difficulty in obtaining foster homes due to the acute housing shortage, increased cost of living, and other factors. To overcome it Jewish child care agencies have concentrated on keeping foster homes now in use, have faced the necessity of increasing board rates, and have intensified publicity and interpretation in the search for new homes. See FOSTER CARE FOR CHILDREN.

Care of the Aged

Few fields of service are undergoing more fundamental change than that which Jewish care of the aged is beginning to experience. There is striking interest in all parts of the country in setting up new institutions and community programs, and in revising old ones, in what has heretofore been one of the least professionalized and most isolated services. During the past two years Atlanta, Boston, Kansas City (Mo.), Memphis, Miami, Newark, Portland (Ore.), and Toronto have studied or projected surveys of their needs and programs in the field of care of the aged.

While the population of the 63 Jewish homes for the aged has remained relatively stable at about 92 per cent utilization during the past several years, a number of the institutions have reported large waiting lists. Balancing a desire for institutional expansion is the growing recognition that institutional care is only one form of service for the aged, and that a genuine community program should embrace care of older people in their own homes, the use of foster homes, case work, recreation in the community as well as in the institution, and health services, all fully coordinated.

At the same time institutions are moving toward a more selective intake policy than heretofore, with more definite criteria as to who requires institutional care and who does not. They are utilizing the services of family welfare agencies more fully in intake and in continuing case work; are setting up their own case work programs in some instances; are

¹ *Ibid.*

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individualizing their care; are introducing more elaborate recreational and occupational programs; and are exercising greater flexibility in financial and health criteria for intake, permitting persons with chronic illnesses to enter more generally even though they may be under the minimum age requirement of sixty or sixty-five years. Along with this, more of the institutions are affiliating with federations.

A growing number of communities are forming central councils or committees for care of the aged, with representation from the federation, institution for the aged, family case work agency, group work and recreational center, hospital, and other related agencies. Some of the councils for the aged began with programs for central intake procedures, and have expanded to deal more fundamentally with policies and planning. Inherent in these developments is the fact that the proportion of aged persons in the Jewish populations, as in the general population, has increased greatly in the past fifteen years, and will continue to increase.

Expansion of government provisions for the aged is being taken into account. Sixteen per cent of the residents of Jewish homes for the aged were receiving government old age assistance at the end of 1944, and about 12 per cent were recipients of other forms of federal, state, or municipal aid.

Assisting communities in their planning, studies, and developments has been the Council of Jewish Federations and Welfare Funds, with the participation of a national advisory committee on care of the aged, composed of leaders in the field. *See THE AGED.*

Hospitals and Clinics

Jewish hospitals were originally established because of the general shortage of hospital facilities, the desire of many Jewish patients for a familiar and congenial atmosphere (including observance of traditional dietary laws), and the need to provide opportunities for training and practice for Jewish interns and physicians who found other opportunities restricted. Motivating factors have included

also the desire of the Jewish community to contribute to the well-being of the total community, as reflected in the fact that almost one-half of the patients in Jewish hospitals are not Jewish; and through providing facilities for medical research to benefit all mankind.

The 65 Jewish hospitals in the United States and Canada include 40 general hospitals, 15 of which specialize in treatment of tuberculosis, 8 for the chronically ill, and 2 with other specialties. American Medical Association records for 1943 showed that 42 of these hospitals met, unconditionally, minimum standards of the American College of Surgeons; 30 were approved for internships and 33 for residences; and 20 were accredited by state boards of nurses' examiners as operating schools of nursing.

In addition to local hospitals, national Jewish tuberculosis hospitals are located in Denver and Los Angeles, and a national hospital at Hot Springs, Ark., for illnesses amenable to thermal springs treatment. Three of the national tuberculosis hospitals have formed the National Council of Jewish Tuberculosis Institutions for joint planning and cooperation.

Widespread plans are currently under way for the extension of existing Jewish hospital programs and facilities. Denver, Detroit, Minneapolis, and San Francisco have raised funds for new hospitals, with Miami planning to embark on such an enterprise.

Forty-eight Jewish hospitals with 10,145 beds (exclusive of bassinets) gave 3,050,746 days' care to 255,335 patients in 1944.¹ Seventy-six per cent of this care was given by general hospitals, 15 per cent by tuberculosis hospitals, 8 per cent by hospitals for the chronically ill, and the balance by other institutions. Forty outpatient departments of Jewish hospitals and unaffiliated clinics had 1,097,283 visits by 195,664 patients in 1944. Included were 75,958 new patients.

Days' care by general hospitals increased slightly more than 2 per cent during the five years 1940-1944, while the number of different patients served rose over 13 per cent, reflect-

¹ *Ibid.*

ing the average shorter period of stay. Degree of bed utilization remained about the same at slightly over 80 per cent. The eight tuberculosis hospitals showed a rise in bed utilization from almost 85 per cent to 88 per cent, with about 2 per cent fewer patients.

Along with other hospitals, Jewish hospitals have experienced a sharp cut in volume and proportion of free inpatient service, reflecting the increased earnings of patients and growth of hospital insurance plans. Free days' care in 28 general hospitals dropped 65 per cent in the five years, 1940-1944. Tuberculosis hospitals showed a drop of almost 11 per cent. Similarly, visits to 29 outpatient departments and clinics dropped 52 per cent between 1940 and 1944, while the number of individuals served dropped 46 per cent.

The proportion of use by non-Jews has increased. Thirty-nine per cent of admissions to general Jewish hospitals in 1941 were non-Jewish. By 1944 the proportion had risen to over 44 per cent. Tuberculosis hospitals had a similar experience.

Although complete current figures are not available, these trends in Jewish social service generally continued into 1945 and 1946. A notable exception is that Jewish family welfare agencies had 11.3 per cent more cases in 1945 than in 1944, and applications rose 8.3 per cent. It might be noted, too, that in institutions for the aged the trend toward the receipt of government assistance gained sharply, with 42.3 per cent more residents receiving such aid in 1945 than in 1944.

Running through the plans of Jewish hospitals as they look ahead are the possibilities of broadening their scope and integrating their services and institutions, until they assume more of the character of medical centers. Closer association is contemplated, also, with medical programs of homes for the aged and other community agencies. *See MEDICAL CARE.*

Jewish Community Centers

A total of 288 Jewish community centers, Young Men's Hebrew Associations, and Young Women's Hebrew Associations were affiliated with the National Jewish Welfare Board at the end of 1945. Combined member-

ship numbered 427,000, with activities reaching millions of other persons, all served by a paid staff of 1,250 workers.

Cost of present Jewish community center buildings has been estimated at \$40,000,000; and 93 cities are reported as raising \$17,610,000 for new buildings and major improvements. Operating expenses for the year 1945 were \$7,000,000, a marked gain over 1943.

During the war, with large numbers of their membership and staffs in the armed forces, the centers found themselves serving new groups and absorbed in war-related activities. As staff and members have returned, the centers are carrying forward a number of programs initiated in wartime but adapted to changing circumstances. These include nursery schools, day care facilities, home camps, teen-age canteens, and youth councils and conferences. Considerable attention is being given to the organization of activities for young adults, with clubs and councils reflecting the return of veterans. The interest of older persons attracted by war-connected activities is being held by extension of forums, discussions, and other programs dealing with Jewish cultural and educational interests, parent education, health, and similar subjects. Jewish cultural activities generally are receiving more emphasis.

Greater attention to the needs of individuals is another war development being carried over. Included are educational and vocational guidance programs, cooperation with family case work agencies in meeting individual personality needs, and expansion of information and referral services to other community resources.

Institutions which have been serving as neighborhood houses or settlements for the underprivileged are planning to serve all elements of the Jewish population. Significant is the trend in larger cities toward integrating agencies, previously separate in status and operation, into coordinated parts of a total community program. A related trend is evident as agencies with central buildings develop extension centers and programs in various parts of the city. *See National Jewish Welfare Board in BOYS' AND GIRLS' WORK ORGANIZA-*

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TIONS and National Jewish Welfare Board in YOUTH SERVICES.

Jewish Education

Jewish education in America has been conducted in a variety of ways by congregations, fraternal organizations, educational societies, and other groups. Essentially it is supplementary to public schools, and is conducted on Sundays and on weekday afternoons following public school hours. All-day private and parochial schools, while they have grown in recent years, have enrolled only a small proportion of Jewish children.

Community planning, central coordination, and central financing of Jewish education are relatively recent developments, brought about by the same underlying factors which have led to the integration of other services.

There is growing acceptance of community responsibility not only to provide Jewish education for children whose parents cannot afford to pay full tuition fees, but to help assure that every Jewish child shall have an opportunity to secure knowledge of his religious and cultural heritage and ethical ideals. The aim is to develop these children into well-adjusted adults, fulfilling the best traditions of their Jewish teachings and American citizenship.

Many of the current reorganizations have been preceded by community surveys. Within the past three years Bridgeport, Detroit, Hartford, New Haven, Philadelphia, Schenectady, Syracuse, Winnipeg, and other communities have studied their Jewish education needs and programs. Generally the surveys have resulted in the formation of central bureaus of Jewish education (a) to provide schools with increased and more stable financial support allocated on the basis of relative need, (b) to coordinate their programs, (c) to improve physical facilities, (d) to develop minimum standards for teachers and joint teacher training, (e) to establish uniformity in record systems and school calendars, (f) to increase use of common textbooks, (g) to make available skilled and experienced supervision, and (h) to build interschool programs.

Coordination has not meant uniformity.

Each parent remains free to select the type of Jewish education he prefers for his child, and each sponsoring group continues to administer its schools, with such content and emphasis as it desires.

Twenty-six local bureaus of Jewish education had been established by June, 1946, with 50 per cent of them created since 1940. Two regional organizations, in southern Illinois and Maine, and 10 national organizations also provide such Jewish education services. In all, it is estimated that more than \$10,000,000 from all sources is spent annually on Jewish education.

Other trends include growth of kindergartens; development of a new type of school, the foundation school for full-day education of children three to eight years of age, after which they attend public schools and afternoon Jewish schools; increased number of high-school-level classes; college and adult education; expansion of teacher-training programs, involving more modern progressive education methods, to help meet the acute shortage of at least 500 new teachers needed in 1946-1947; intensified national guidance and assistance to communities by the recently established American Association of Jewish Education; improved professional status of teachers; and increased number of textbooks.

Enrollment in 135 cities in the spring of 1946 was 231,028. Of that number, 120,365 were in Sunday schools, and 110,663 in weekday afternoon schools. The total is a considerable gain over 1940, when a survey showed 190,000 enrolled. About 30 per cent of children of school age attend Jewish schools at any one time. From 75 per cent to 80 per cent receive some formal Jewish education.

Community Relations

Community relations councils to combat discrimination have been established in most major cities, either as largely autonomous bodies or as departments of central community organizations. The latter pattern has generally marked the development in intermediate and smaller cities.

The National Community Relations Advisory Council, established in 1944, coordinates

the activities of 6 national agencies and 20 local member organizations.

A recent innovation launched by national organizations is a series of research projects, some of them conducted in conjunction with major universities and leading social scientists and psychologists, into the causes and nature of intergroup tensions. Experiments are being conducted at the same time to test methods of overcoming prejudice and bias. See INTER-RACIAL AND INTERCULTURAL ACTIVITIES.

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JUVENILE BEHAVIOR PROBLEMS.²

Children presenting behavior problems may be divided into two groups: those who are shy or withdrawn, and those who are overtly

hostile and aggressive. The withdrawn or neurotic child is not likely to become delinquent¹ but may lead an unhappy and dependent existence, be considered "queer," and—in extreme instances—become mentally ill during adulthood. See MENTAL HYGIENE. Public concern in recent decades has, in the main, been focused upon the aggressive child who may commit delinquent acts during his childhood or youth; and legal machinery has been established to control such behavior because of its threat to public security. On the other hand, behavior difficulties which are not manifested in delinquency may be of concern only to the child and his family.

The causal interrelationship between behavior difficulties and delinquency is more clearly recognized because delinquency takes place during childhood and adolescence, while mental illness is largely a problem of later youth and adulthood. Because of the greater degree of public concern with delinquency, treatment facilities for delinquent children have been more fully developed than for those presenting behavior problems of a nondelinquent character.

Extent of the Problem

Accurate knowledge of the extent of behavior problems among children is lacking. While most juvenile courts do keep a record of children referred for delinquency and many of them report such data regularly to the appropriate state agency, no comparable data covering a substantial proportion of children presenting behavior problems are available. Furthermore, even the referral of delinquency cases is affected materially by a number of fac-

¹ Except in its more specific legal meaning, delinquency as a concept of social relationships has not been defined. Definitions of delinquency are to be found in the laws of the various states and the federal government and, while these reflect a wide variation both in content and degree of discretion in interpretation allowed to law enforcement agencies, they are all nevertheless in agreement that delinquency consists of such behavior of children as is detrimental to the public interest and consequently forbidden by law. In general, delinquency is defined to include acts which if committed by an adult would be considered criminal, as well as patterns of behavior which are peculiar to the status of childhood such as truancy, waywardness, and incorrigibility.

² For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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tors, including the availability of resources for dealing with problems of behavior without court action, the place of the court in the child welfare program in the community and its relationship to other agencies, and community attitudes toward certain types of offenses and toward the sex, nationality, and race of the offender.

On the basis of reports to the United States Children's Bureau for the year 1940, from 462 courts serving 36 per cent of the population, it is estimated that almost 1 per cent of the nation's 17,000,000 children, aged ten to sixteen years inclusive, pass through the juvenile courts each year as delinquents. Available data, although incomplete, warrant the conclusion that there has been a marked increase in juvenile delinquency in the United States since 1938. According to reports from 65 courts serving areas of 100,000 or over, the aggregate increase over 1938 was 67 per cent in 1945.¹

Recorded delinquency cases are never more than an unknown fraction of the maladjustment that exists at any given time in the children's population. For each child who passes through a juvenile court, Dr. Martha M. Eliot of the United States Children's Bureau has estimated, there are probably 10 others who are hampered in their normal personality development by the same causal factors.²

Causative Factors

While there are differences of opinion as to the processes by which human character and personality are formed, there is nevertheless substantial agreement that human behavior is the product of a continuous and dynamic interplay between the human organism and its environment. The personality of an individual is formed during the early years and is a product of the child's total physical and mental endowment and the quality of care he receives from his parents. It is now believed that the attitudes which the parents bring to the care of the child, their own feeling of security as well

as acceptance, are determining factors in the child's attitude toward adult demands and his capacity to meet life situations.

The child is born with certain impulses to self-expression. His urge is to satisfy his instinctual wants. In accepting inhibitions upon the gratification of these instinctual impulses, the child lays the foundation of character, of self-control, and the acceptance of the rules of the adult world. Generally he will accept such restraints upon his pleasures if they are accompanied by affection of the parent. Through the desire to be like the adult—a process of "identification"—the child gradually incorporates adult standards. It is evident, therefore, that the quality of the child's physical and social environment, beginning with the attitude of his own parents, has an important bearing on the development of his personality and his adjustment to society. Cultural and environmental factors become significant only as they are incorporated into the individual experience. His attitude, hatreds, and aggressions, as well as more desirable manifestations of personality, are for the most part conditioned by what he has encountered in living with others. Behavior problems, which earlier were largely regarded as constitutionally determined by one factor or another in the make-up of the individual, are now beginning to be seen as responses to external situations.

As the child grows up and moves out of the immediate environment of his own home into the larger environment of school, neighborhood, and industry, he will face many adjustments, all of which may be threats to his security and emotional stability. Some may prove too great, and behavior difficulties may result. Extraordinary deprivations and stresses, such as those which arise in periods of depression or war, may also upset the balance of his social adjustment. Social change requiring rapid or unusual modification of habits may likewise increase emotional burdens and may result in social maladjustment.

Community factors appear to play a more important part in the causation of delinquent behavior than of behavior problems in general. Whether the unstable child will express his attitudes in delinquency will depend not only

¹ See U.S. Children's Bureau, *Juvenile-Court Statistics, 1945* (*infra*).

² *Hearings on S.1160* (National Mental Health Act), U.S. Senate, 79th Congress. Testimony of Dr. Martha M. Eliot, March 8, 1946.

upon his personality structure but also upon the community in which he lives. Many studies have established a direct correlation between delinquency and social disorganization. It has been shown that delinquency is a product of deteriorated neighborhoods in which overcrowding, harmful neighborhood conditions, destructive use of leisure time, and the influence of criminal personalities are present.

The conflict in the culture between the child's family and that of the dominant community, and the different rate at which adults and children assimilate such culture, frequently contribute to misunderstanding between the adults and children and to conflict between members of the family; to the withdrawal of children from family life; and finally to participation in delinquent activities. This is equally true of families who migrate from rural communities to large centers of population as it is of those who migrate to this country from other lands.

Prevention and Treatment of Behavior Problems

Since the most important factor in the causation of behavior problems is the attitude of the adults who constitute the immediate environment of the young child, the most important single effort in prevention should necessarily be focused on bringing about emotional stability of adults who may become parents. All social measures, therefore, which contribute to individual and family security will tend to prevent behavior problems. *See PARENT EDUCATION AND CHILD DEVELOPMENT.*

Since the child in our culture spends a large proportion of his time in the school or community, it becomes important that teachers and recreation leaders and all other parent substitutes should be equal to their responsibility for child management. Furthermore, the community's provision for education, conservation of health, recreation, and religious guidance, if adequate for the needs of all children, will be preventive of behavior problems. The three most essential factors in prevention, therefore, are (a) secure adults as parents or parent substitutes, (b) stable family life, and (c) community conditions which safeguard the health-

ful development and the growth of all children.

Several agencies are in a strategic position to identify early problems of behavior and offer assistance at a natural point of contact. The school is the most important of these because of the large number of children it serves. The family service, child welfare, or public assistance agency is in an advantageous position to recognize children in need of help. The same is true of police courts, medical clinics, and public health personnel, as well as recreational and group work leaders.

The professional skills required for the study and treatment of the individual child presenting behavior problems are grounded in the social and biological sciences and in the disciplines of psychiatry, medicine, education, and social work. These skills were first fully focused upon the problems of children through the combined services of the psychiatrist, psychiatric social worker, and psychologist working as a professional team in the child guidance clinic. *See Child Guidance and Mental Hygiene Clinics in MENTAL HYGIENE.* As methods for the study and treatment of children have become more clearly defined they are being incorporated into the professional content of social case work. As a result the case worker is assuming increasing responsibility for the treatment of maladjusted children, calling on the psychiatrist and psychologist and members of other professions for their special help as needed. *See SOCIAL CASE WORK.*

Treatment generally follows two directions. The first is such modification of the child's social situation as will ease the pressures of living for him. This may include manipulation of the physical, scholastic, or social environment in his favor; the amelioration of the emotional environment by psychotherapy of one or both parents; or by complete removal to a more favorable living situation. The second is direct psychological treatment of the child for the relief of his anxieties about himself and for his own adjustment to unalterable pressures from without. One of the objectives of direct psychotherapy is the development of a satisfying human relationship with the therapist which will help the child to a more positive adjust-

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ment. Not all children are accessible to treatment through a relationship with a therapist. In such cases, pressure for modification of behavior from persons who represent authority or from the groups of which the child is a member may be an important factor in his re-education.

Services to children with behavior problems are now offered by a number of voluntary and governmental agencies which, in addition to child guidance clinics, include child welfare and family service agencies, Big Brother and Big Sister and other youth guidance organizations, guidance and social work departments in schools, and local and state departments of public welfare. *See* CHILD WELFARE and FAMILY SOCIAL WORK.

Child guidance clinics have been limited largely to urban areas except in a few states that have made such services available by means of central or traveling clinics. Under the Social Security Act of 1935, psychiatric and psychological services have been made accessible to many rural areas. Provision has been made in about one-third of the states for a psychiatrist or a psychologist to be available for consultation assistance to local workers on problems of children whose behavior and mental condition need special attention. Mental hygiene clinics serving adults and children are part of the dispensary service of many private general or children's hospitals and state hospitals caring for the mentally ill.

The school has an important place in the prevention and treatment of social problems of children. The growth of a scientific attitude on the part of the schools toward children with behavior problems is indicated by the employment of psychologists, psychiatrists, pediatricians, social case workers, and teachers trained for special class instruction. A recent law in New York State provides special state aid for classes for delinquent children in public elementary and high schools, placing such classes in the same category as those for physically handicapped children. *See* SOCIAL AND HEALTH WORK IN THE SCHOOLS.

Recent years have witnessed an expansion of local governmental services for child care. This has, in a large measure, been due to the work

made possible by the child welfare service provisions of the Social Security Act. In addition to their usual services to children, child welfare workers in rural areas have generally included among their activities case work with children in danger of becoming delinquent and with children coming to the attention of the court. *See* Child Welfare Services in CHILD WELFARE.

A substantial enlargement in existing state programs for public assistance, social insurance, child welfare services, and health and housing was recommended in a number of bills which were introduced in the 79th Congress. In general, these bills provided for an increase in federal appropriations, more liberal conditions under which grants-in-aid are made available, and broadening of eligibility to make assistance available to classes of children now excluded. Several of them were enacted into legislation, as reported elsewhere in this volume under the topics indicated.

Social group work is a form of social work which has been gaining increasing recognition as a tool in the building of character and in the prevention of behavior problems. Group work as an educational process aims, among other things, at the growth of personality and development of social relationships, attitudes, and participation. The method used includes clubs, classes, and athletic and social educational activities under the supervision of trained leadership. *See* SOCIAL GROUP WORK.

A number of forms of group treatment, combining the principles and methods employed in individual psychotherapy and social group work with specialized techniques of their own, have evolved in recent years. These are being utilized either to supplement or to substitute for individual treatment. Activity group therapy is a form in which these processes have been more fully articulated and which is gaining increasing acceptance in the treatment of certain types of behavior problems among children. Such therapy results from the interaction among the members of the group who are given an opportunity for release of emotions through creative, nonverbal activity under the guidance of the therapist. The composition of the group, the personality

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and attitudes of the leader, and the appropriate channels for individual expression are all essential to making such interaction therapeutic.¹

Impact of the War

The war brought a decline in the quantity and quality of the resources available for the treatment and prevention of children's problems. The increased demand for social services in the Army and in war-related agencies such as the American Red Cross and United Service Organizations, Inc., as well as the induction into military service of many qualified social workers, depleted the staffs of both governmental and voluntary agencies. In most communities, service was adversely affected both quantitatively and qualitatively.

Against these very real losses may be weighed the fact that the war also resulted in a widespread increase in public understanding of problems of human behavior which, in turn, stimulated the planning of additional social resources. The problems experienced by children who were evacuated from urban communities in England, the physical and emotional problems of young people revealed through the operation of the Selective Service Act, and the impact of the war itself on many aspects of living, all combined to sensitize public attitudes to social needs, and were reflected in a readiness to support improved social service programs.

The need fully to utilize available manpower in the prosecution of the war made it necessary to employ all the known psychiatric treatment techniques and processes on an unprecedented scale. The tremendous volume of practice which resulted, as well as the unusual circumstances under which such effort had to be carried on, hastened the use of methods which were still in the experimental stage, and resulted in new approaches to the treatment of behavior disorders and social maladjustment. These included a wider use of various forms of brief psychotherapy, increased recognition of the importance of environmental factors in social adjustment, and stress

on restoration of capacity for more normal functioning rather than on basic changes in personality structure. These, together with the new uses of the group as a therapeutic medium which were developed, are all of direct significance in the treatment of the individual delinquent.

Interrelationship Among Agencies

One factor which is an obstacle to more effective treatment of children with behavior difficulties is the confused relationships and lack of clear lines of responsibility which sometimes exist between different types of agencies in the field. Confusion appears frequently in the relationships between voluntary and governmental agencies. Thus, for example, it is not sufficiently recognized that the voluntary agency, because of its sponsorship and general orientation, is limited in its capacity to assist families who do not recognize the problems of their children and do not wish to accept help. To meet the needs of children in this type of situation, every community should count within its resources a governmentally sponsored case work unit that is able to insist upon the acceptance of help by families where the protection of children clearly makes this necessary. Neither police nor juvenile courts are believed by many child welfare leaders to be appropriate agencies to deal with this type of situation, which may call for intensive treatment and long-time supervision. The maintenance of this service should be the responsibility of the local public welfare or child welfare department. See PUBLIC WELFARE.

Clarification of responsibility as between agencies would lead to a simplification of community organization for both identification of problems and early referral. This in turn might lead to reduction of the number of agencies and to an acceleration in the development of specialized methods for the treatment of the disturbed child.

Another step directed toward better community planning and clearer interagency relationships is the procedure, established in the District of Columbia in 1943-1944 by the Council of Social Agencies in cooperation with the United States Children's Bureau, for a

¹ See Slavson, *infra*.

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central registration by all community agencies of children known to them to have committed delinquent acts.¹ By helping to determine the actual number of delinquent children in the community, and such facts about them as age, residence, school attendance, sex, and type of delinquency, the register makes possible the establishment of a realistic basis for community planning.

Control of Delinquency

Society cannot ignore delinquent acts; consequently, even though delinquent children are fundamentally in need of the same type of treatment as other children with behavior problems, special agencies, vested with the authority of the state, have been established for the control of delinquency. These include the police, other law enforcement officials, the juvenile court, and training schools.

The police and local law enforcement authorities have important responsibilities in the program of control and prevention. They are often the first to learn of misconduct of children and are in a strategic position to refer such children to the appropriate governmental and voluntary agencies. In order to carry out this responsibility effectively, it is desirable that the police department include, within its personnel, officers specially trained for handling of children's cases. Another important function for the police is the control of harmful community conditions. They are familiar with the places where young people get into trouble, and should assume responsibility for such tasks as a regular patrol of public places including taverns, bus stations, dance halls, and so forth, and for investigation of complaints about young people who are unlawfully employed as minors, exposed to solicitation, or otherwise being exploited. Provision of long-time treatment services for children is not seen to be an appropriate function for the police, who should concentrate their efforts on referral, control of community conditions, and co-operation with other agencies in the development of treatment and protective programs. Under the impact of wartime conditions, a number of local governments have been

moved to establish or enlarge already existing children's service units within their police departments.

There has been a growing interest in reconsidering the place of the juvenile court in the treatment of behavior problems and delinquency. It has been felt that its structure and procedures, which remain essentially judicial in character, are not adapted to an effective administration of a social treatment program. This becomes a serious practical problem where courts have assumed broad responsibilities in the child welfare field, which may include maintenance of a child-placing program as well as varied services for the treatment of behavior problems of children. *See JUVENILE AND DOMESTIC RELATIONS COURTS.*

Institutional Care

Treatment of juvenile delinquents apart from adult offenders in special institutions, now generally called training schools, was inaugurated in a few states early in the nineteenth century. Training schools have now been established by all state governments, by some county and city governments, and a few under voluntary auspices, both religious and nonsectarian.

There were in 1944 approximately 166 schools under public auspices in this country serving delinquent children, of which 115 were state and national schools and 51 were county and municipal schools. During that year the state and national institutions cared for an average population of over 24,000 including approximately 17,000 boys and 7,000 girls.¹ When the county and municipal schools and the fairly large number of quasi-official schools operated under private auspices are taken into consideration, the total average population, it has been estimated, would exceed 30,000.

The training school is now conceived to be a specialized child welfare institution whose function is to re-educate and prepare delinquent children for community life. Most of the children have been treated by official and non-official agencies prior to admission and have

¹ See Schwartz, *infra*.

¹ See American Prison Association, *infra*.

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not responded sufficiently to such treatment to be permitted to remain in the community.

Because of their previous experience and attitude toward authority, many of these children come to the institution with deep-seated feelings of hostility and suspicion. They are basically afraid and insecure. The major task of the institution, therefore, is to restore the child's confidence in adults and society and to provide an educational experience which will help him to a more successful school or work adjustment when he returns to the community. This calls for a program of individual psychological treatment, group living, and special education, particularly planned to meet the special needs of the children served; and personnel qualified to carry it out. The program should include provision for adequate physical care, medical and mental health services, recreation and leisure-time activities, and educational, vocational, and spiritual guidance and training.

The techniques of social case work and social group work are useful, and the school offers an excellent opportunity for a combination and integration of the two types of programs. Cooperation with social workers in the community from which the child came and to which he will return is in line with the growing philosophy that there must be continuity of work with the child and his family from the time he comes to the school, while he is in the school, and to the end of the period of supervision after his release.

Living arrangements should be so organized as to embody sufficient order, regularity, and consistency to give children security, but should at the same time be sufficiently flexible to allow the child freedom of choice and opportunities for self-expression. Participation by children and adults in the planning of the life in the institution is another constructive factor. Through this kind of activity the children will identify with the institution and its goals and will be more ready to take advantage of the opportunities which it offers. One essential element to a sound program is that the physical plants be well adapted to their functions.

Most important is the quality of the personnel. The staff should include mature persons

with an understanding of children and with certain special knowledge and skills: a mental hygienist, who may be either a psychiatric social worker, psychologist, or psychiatrist, to be responsible for the psychological and social study of each child; academic and vocational teachers with an understanding of the special educational needs of delinquent children; and supervisors capable of group management and sensitive to the educational values inherent in everyday living experience.

Another problem which the institution faces grows out of its lack of authority to determine the kinds of children which are admitted — this decision usually being made by the juvenile courts. As a result the institution is faced with the need to plan a program for a very diverse group with varying levels of age and intelligence and with extremely divergent problems of conduct. Where the management of institutions is vested in a single state agency the trend seems to be in the direction of diversification of resources, that is, the establishment of separate institutions for groups of younger and older children; the replacement of large institutions by several small ones to permit differentiation in personnel, program, and equipment according to the needs of children; and emphasis on retention in the community of children who can profit from extramural social services which will, in the long run, reduce the number of children removed from the community and committed to institutions.

In an institution where treatment of the child is based upon psychological and social study and the program is sufficiently flexible to permit individualization of treatment, the child's stay in the institution will be determined on an individual basis and will be an integral part of the total plan. Release will be determined upon the basis of his adjustment in the institution and the kind of living, educational, or work arrangements which can be made for him when discharged. Some institutions, however, still predicate release upon the achievement of a stated number of credits or the lapse of a specified period of time or the need for space for new admissions. Much of the investment of the institution and the

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growth in the child are nullified by unsound plans for him after his discharge. Quality of aftercare supervision is just as important as that of the institutional training. Aftercare or parole workers should be trained in social case work and their case loads should be sufficiently small to permit them to see the child as often as is necessary.

Recent years have witnessed a fundamental change in attitude toward the function of the institution as a resource for the treatment of delinquent children. Historically, the major purpose of the institution was seen to be protection of the community. This purpose was reflected in emphasis in the program of the institution on secure custody, rigid discipline, and hard work. Since the turn of the century the program of progressive institutions has included concern for the rehabilitation of the delinquent child as well as community protection. This has been reflected in emphasis on education, good physical care, vocational training, and the inculcation of sound personal and social ideals.

Within the past two decades the concept of education as a wholly intellectual process has, under the impact of social case work and the mental hygiene movement, been modified toward increasing recognition of the importance of the emotional experience of the child in conditioning his attitudes toward himself and the adult world. This change in the meaning of education, combined with the possibilities of environmental treatment which the war experience engendered, has led to a concept of the institution as a therapeutic environment. Treatment and education are fused in a total living experience. This point of view emphasizes the importance of the interaction of all members of the community or group and, more specifically in the children's institution, the relations between adults and children, and children themselves, and the general "social climate" that pervades the environment.

Traditionally, the training school has been isolated from the child welfare field. There is a trend at the present time, however, to transfer the administration of the training schools to the child welfare department of the state. When this takes place the training school be-

comes an integral unit of the total child welfare program.

Special Problems of Coordination

Although the founding of the juvenile court was one of the most important steps in the establishment of a system of social treatment, to which parole, probation, and indeterminate sentences were later added, the unified, continuous, social and psychological treatment of the young offender is still not administratively possible in most jurisdictions. Authority and responsibility for dealing with the delinquent at various stages in his treatment is shared by a number of agencies, many of which treat the offender without much reference to the experience which other agencies have had with him. Too much emphasis is still laid upon the act rather than the individual and his needs.

It is believed that continuity of treatment can be achieved if responsibility is centered in one administrative agency which is given the power and the resources for treatment and education of the delinquent as long as he is in need of supervision by the community or the state. For these reasons it has been recommended that training schools for delinquent boys and girls, the aftercare and supervision of children released from these institutions, and the supervision of probation work be all lodged in the child welfare division of the state department of public welfare and thus brought into close relationship with all other services available to dependent, neglected, and handicapped children. Some states have adopted this plan.

Another step which has gained wide approval, and which was adopted by the state of California in 1941, is the establishment of a Youth Correction Authority which would have responsibility for the treatment of all juvenile and youthful offenders and would have jurisdiction for individualizing the need of every delinquent committed to it, being free to adopt whatever form of treatment seems best. Thus it may allow the youth to continue at liberty in the community, or it may confine him in an institution for a period of time and then again try him in the community. *See The*

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Youth Correction Authority in ADULT OFFENDERS.

An alternate plan which provides for the establishment of a diagnostic center in the social welfare or correction department has been adopted in a number of states. The diagnostic center receives the child after sentence and recommends the correctional institution best suited to meet his problem, the type of program to be followed, and the approximate length of treatment. New York State and Pennsylvania adopted this plan in 1945. See Outlook for Penal Reform in ADULT OFFENDERS.

A major step in the direction of integrated state planning was taken by the New York State Legislature in 1945 in establishing a State Youth Commission. At the state level, the Youth Commission is responsible for investigation and study of the problem of youth guidance and the prevention and treatment of juvenile delinquents. It fosters state-wide cooperation of governmental agencies and coordinates the services provided by the different state departments which participate in its work. At the local level, it is authorized to cooperate with local communities in the coordination of public and private services for delinquent children, to stimulate sound programs for the prevention of delinquency, and to encourage closer cooperation between employers and governmental and voluntary agencies in developing employment for youth. The Commission is also authorized to make available grants-in-aid to local governments for the establishment of youth bureaus and recreational and educational projects. The youth bureaus, when established, are responsible for coordinating and supplementing the local facilities for the development, protection, and security of children and for the treatment of juvenile delinquents.

Prevention of Delinquency

A program for the prevention of delinquency includes the providing or the strengthening of (a) child welfare services; (b) community facilities that supplement home care and supervision when mothers are employed and that take into account the needs of school

children for guidance in hours not devoted to regular school programs; (c) safeguards with respect to child labor and youth employment; (d) opportunities for wholesome companionship and leisure-time influences; (e) social service to meet problems of families arising out of the absence of the breadwinner; (f) health service, which includes measures for safeguarding the mental health of children; and (g) services that protect children from harmful community influences.

The increased appropriations voted by the 79th Congress for expanding and improving maternal and child health services, services for crippled children, allowances for aid to dependent children, and child welfare services under the Social Security Act thus have a direct bearing on the prevention of delinquency. The National Mental Health Act, enacted during this session of Congress, which fosters research in problems of mental illness, assists in the establishment of psychiatric clinics, and provides for the training of personnel in the mental health field, will also have great significance in this area.

There are groups of children who are especially vulnerable to delinquency and are in need of community protection. These include children and families living in crowded quarters or congested areas without adequate play space or supervised recreational facilities; physically and mentally handicapped children who are in need of special programs and community protection; and children in families with economic need.

The increase in delinquency during the war aroused public interest in the prevention of delinquency to an unprecedented degree. This has continued to express itself in widespread discussion in the press and in formal inquiries by governmental bodies at the local, state, and federal levels. Increased public concern and understanding have moved some states to provide additional child welfare services and to improve the administration of public agencies dealing with children. Added interest has stimulated participation in community activities by volunteer groups and has led to the establishment through local effort of additional

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mental hygiene services in the schools and in recreational and other facilities.

There are two important elements in community programs for prevention of delinquency which have been increasingly stressed in recent years. These are (a) the participation of parents of delinquent or potentially delinquent children in programs for community betterment, and (b) the participation of the children themselves, particularly those in the adolescent group. The readiness to utilize community resources depends upon the understanding by parents of the needs of their children and their confidence in the purposes of organized social and governmental agencies. It has been found that adolescent boys and girls are capable of sharing in the planning for the use of leisure time and management of recreational resources to a very substantial degree, and that the value of these resources is greatly enhanced by their participation.

While federal and state governments have a definite responsibility and a stake in preventive programs, preventive efforts—just as treatment itself—should as much as possible be the responsibility of the local community. A number of types of community organization have been developed for carrying out such programs in the field of delinquency. The best known of these are coordinating councils and area or neighborhood projects. *See* Neighborhood Councils in COUNCILS IN SOCIAL WORK.

Responsibility of State and Federal Government

The local community cannot meet the total needs of delinquent children, and the state and federal governments are called upon to carry important responsibilities for control and prevention of delinquency. They assist with leadership, research, stimulation of local communities to adopt improved methods and programs, and specific direct services which they themselves administer. For example, the Social Security Administration of the Federal Security Agency is responsible for grants-in-aid for the major types of public assistance designed to strengthen family life and give children opportunities for healthful growth. *See*

PUBLIC ASSISTANCE. The United States Children's Bureau of the Federal Security Agency administers grants-in-aid to states for specific child welfare services for the protection of children, including services to crippled children, maternity and infancy programs, and services designed to aid neglected and delinquent children. *See* CRIPPLED CHILDREN and MATERNAL AND CHILD HEALTH. The federal government is also directly concerned with legislation governing the employment of minors, the formulation of standards for the employment of women and girls, and many public health measures. *See* CHILD LABOR AND YOUTH EMPLOYMENT and FEDERAL AGENCIES IN SOCIAL WORK.

The state, too, has an immediate responsibility for leadership in stimulating local communities to plan and develop necessary resources for the treatment of delinquency. Since the state usually receives regular reports from local juvenile courts as well as other governmental and voluntary social agencies, it is in a position to study and interpret trends in the incidence and character of delinquency and to recommend needed social legislation or other action.

The state itself is involved in the actual program of treatment and prevention through the enactment and enforcement of protective legislation, maintenance of standards for institutions and governmental and voluntary social agencies, and provision of direct services through its own departments, such as those dealing with training schools, boarding home facilities, mental hygiene clinics, and so forth.

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JUVENILE AND DOMESTIC RELATIONS COURTS.¹ The laws establishing juvenile courts in the states and territories of the United States are based on the principle that children under the jurisdiction of the court are wards of the state, subject to its discipline and entitled to its protection, and that the state may intervene to safeguard them from neglect or injury and to enforce legal obligations due to them and from them. Court attention, therefore, is primarily directed toward understanding and meeting the child's needs rather than toward the act or situation immediately responsible for his being brought to the court.

Standards for juvenile courts were adopted in 1923 at a conference sponsored by the United States Children's Bureau and the National Probation Association, and were reaffirmed in 1930 by the White House Conference on Child Care and Protection and again in 1934 at an annual meeting of the National Probation Association. These standards, developed by a committee of the Children's Bureau, include broad jurisdiction in cases of children under eighteen years of age requiring court action or protection because of their acts or circumstances; a judge chosen because of his special qualifications for juvenile court work; a well-qualified probation staff; informal court procedure and private hearings; adequate detention facilities; and the availability of resources for individual and specialized treatment such as medical, psychological, and psychiatric services, foster family and institutional care, and recreational services and facilities.

History of Juvenile Court Legislation

Juvenile court legislation derives from two sources in the English common law: first, the jurisdiction of the courts of equity or chancery exercised to protect those unable to care for themselves; and second, the common-law rule that children under seven years of age are incapable of committing crime. Legislation

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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enacted by Massachusetts in the latter part of the nineteenth century was the forerunner of juvenile court legislation. A law passed in 1869 required an agent of the state department of charities to be present at the hearing on commitment of a child to a reformatory; another law in 1870 required separate sessions of the court for children's cases; and still later a probation system was established. The first juvenile court law, however, was not passed until 1899, when the Illinois legislation gave circuit and county courts jurisdiction over dependent, neglected, and delinquent children and established a juvenile court for Cook County. In the same year Colorado passed a compulsory education law that, by virtue of the way in which it was administered, was practically a juvenile court law and that led to legislation formally establishing the Denver juvenile court in 1903. With the passage of the Wyoming juvenile court law in 1945 all the states, Alaska, the District of Columbia, Hawaii, and Puerto Rico had legislation providing either for separate juvenile courts or for specialized jurisdiction and procedure in children's cases in existing courts.

Federal legislation for special court procedure in children's cases came much later than state legislation. In 1932 Congress provided for the transfer to state authorities willing to receive them of individuals under twenty-one years of age who violated federal laws. The Federal Juvenile Delinquency Act, passed in 1938, brought into the federal system some of the principles and procedures of state juvenile courts. Applicable to youths seventeen years of age and under charged with violation of federal law—exclusive of those whose offenses are punishable by death or life imprisonment—the Act embodies some of the principles and authorizes some of the procedures of state juvenile court laws. Proceedings may be for juvenile delinquency rather than a particular offense, and initiated on information instead of grand jury indictment; cases may be held promptly, privately, and without a jury; and provision is made for detention apart from adult offenders and in a suitable place, and for care, education, and training by a governmental or voluntary agency.

Jurisdiction of Juvenile Courts

Juvenile court jurisdiction covers cases of delinquent, and with a few exceptions, neglected and dependent children. *See* JUVENILE BEHAVIOR PROBLEMS. Some states include other types of children's cases such as guardianship, adoption, and commitment of mentally or physically handicapped children. Generally the court's jurisdiction is exclusive and has no limitation placed upon it because of the seriousness of the child's act. In some states, however, the jurisdiction is only concurrent, or must be relinquished entirely, in the cases of children of specified ages whose offenses are of a serious nature. In such cases, many states authorize the judge of the juvenile court to decide whether the court's jurisdiction should be waived to permit the criminal court to deal with the child.

The age limit of original juvenile court jurisdiction in delinquency cases ranges from under sixteen to under twenty-one years of age. The majority of jurisdictions (25 states, Alaska, Hawaii, and the District of Columbia) set eighteen years as the age limit; seven states and Puerto Rico set sixteen years; six states set seventeen years; and four states set twenty-one years. (In six of these states a different age limit is set for a particular city or for a few counties in the state.) In the remaining six states jurisdiction differs according to sex. Jurisdiction in dependency and neglect cases covers the same age as in delinquency cases except for five states in which it is lower than the latter and one state in which it is higher. The Federal Juvenile Delinquency Act applies to juveniles seventeen years of age and under. Usually juvenile court laws provide that once jurisdiction is obtained it may continue until the child attains majority.

Early recognition that children's problems are frequently the result of family situations or of unfortunate relations with adults was responsible for the enactment of legislation giving the courts jurisdiction in certain cases of adults. Now nearly all states have enacted legislation making adults criminally liable for causing or tending to cause delinquency or dependency of children. Most of these states

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give this jurisdiction to the juvenile court. Many states also authorize the court to require parents or other legally responsible persons to contribute to the support of a child within the court's jurisdiction. Additional jurisdiction in adult cases given to the juvenile court by some states includes desertion and nonsupport, and establishment of paternity.

Domestic Relations Courts

About ten years after the creation of the first juvenile courts, the first domestic relations or family courts were established which applied to the family the expanded services—investigatory, clinic, and probation—set up for dealing with the problems of individual children.

In 1910 a domestic relations division was established in the city court of Buffalo with jurisdiction over all criminal business relating to domestic or family affairs, including paternity cases. Later several cities established divisions in municipal courts to deal with domestic relations matters, especially nonsupport and desertion. The first family court to combine jurisdiction in domestic relations and juvenile cases was established in Hamilton County (Cincinnati) in 1914.

With the establishment of a family court for New Castle County, Del. (Wilmington) in 1945, domestic relations courts had been established by legislative action or administratively—by assignment of domestic relations matters to a special division of a court—in parts of at least 18 states and Hawaii, chiefly the larger urban areas, and throughout New Jersey and Virginia.

Greater variation is found in the jurisdiction and organization of family or domestic relations courts than of juvenile courts. Included among the former courts are: (a) family courts of juvenile and broad adult jurisdiction, including children's cases, cases of divorce, desertion, or nonsupport, and cases contributing to delinquency or dependency; (b) family courts of juvenile and limited adult jurisdiction, including some but not all types of cases listed above; (c) domestic relations courts without juvenile jurisdiction and with adult

jurisdiction over cases of desertion or nonsupport and sometimes divorce, illegitimacy, and certain offenses against children; (d) juvenile courts of broad jurisdiction, not including jurisdiction over divorce; and (e) municipal, district, or superior courts with juvenile and domestic relations jurisdiction in which special organization has been developed administratively.

A recent development in court organization for handling family problems was the creation of a "home term" court in the borough of Manhattan, New York City, early in 1946. Similar courts are to be established in the other boroughs, except Richmond, as facilities become available. Established by administrative ruling, following several months of study by a judge and chief probation officer of the Magistrates' Courts and approval of the purposes and objectives by a group of representatives of social agencies, the new court handles all family disturbances, short of felonies, that come to the Magistrates' Courts. It does not take the place of the Domestic Relations Court which has jurisdiction in cases of marital nonsupport. The court attempts, in privacy and without legal formality, to discover the underlying causes of domestic discord and to reach a solution that will maintain the home and assure wholesome family life for the children. Unless immediate danger threatens, the court adjourns cases for social investigation. Psychiatric and social case work services are furnished through funds and staff made available by voluntary social agencies, which constitute a home advisory council, and through gifts of individuals.

Status of Juvenile and Domestic Relations Courts

Inasmuch as the jurisdictional area of juvenile courts usually is the county, there are approximately 3,000 such courts. Complete statistics on the number of children with whom these courts deal are not available. From statistics reported to the Children's Bureau by courts serving 37 per cent of the total population of the United States, it is estimated that at least 250,000 come yearly to the attention of

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the juvenile court as delinquents. No basis exists for estimating the number of dependent and neglected children dealt with by juvenile courts, or of adults dealt with by either juvenile or domestic relations courts.

Recent years have seen considerable interest in the improvement of juvenile court laws. Some of these laws have had little revision since their enactment early in the century; some contain much of the terminology and even procedures of the criminal law. Juvenile court legislation is still unstandardized, and in numerous instances defective. Important in this connection is the "standard juvenile court act" issued by the National Probation Association. In 1923 the Association appointed a committee of judges, lawyers, and probation officers and other social workers to draft an act in conformity with the Juvenile Court Standards that had earlier been adopted. The first edition, adopted in 1925, embodied the provisions of various state laws deemed most effective. Several revised editions have been issued, the most recent and most extensive in 1943, which embody principles of child welfare and the treatment of juvenile delinquents developed since the first edition was issued.¹ The standard act has been drawn upon extensively by state children's code commissions and others in the preparation or amendment of juvenile court laws, notably in Arizona, the District of Columbia, Indiana, Michigan, Montana, New Jersey, Ohio, Pennsylvania, Rhode Island, Utah, and Wisconsin.

Accepted in theory, the standards outlined for juvenile courts more than twenty years ago are not uniformly put into practice. The courts in some communities are little more than legal entities without the social services and special facilities for handling children's cases. A similar situation exists with respect to domestic relations courts. Even more important than the legislative framework of the court are the judge and staff who carry out the law and the resources available to them in the court itself, or in the community, for meeting the needs of the individuals with whom the court deals.

Personnel of the Court

Because juvenile and domestic relations courts are frequently divisions of other courts, rather than independent courts, their judges are often selected on a basis other than special qualifications for handling problems of delinquency, dependency, neglect, or domestic difficulty.

About one-third of the state juvenile court laws provide for the appointment of referees. Generally appointed only in the larger courts, they relieve the judge by hearing cases in certain sections of the jurisdictional area, by facilitating the unofficial handling of cases, or by hearing cases of special types such as girls, young boys, and dependent and neglected children. Some chief probation officers and case supervisors are designated as referees, and others, not so designated, perform similar functions in disposing of cases without official court hearing. If no exception is taken within a specified time, the findings and recommendations of the referee, after confirmation by the judge, become the order of the court.

Practically all juvenile and domestic relations court laws authorize the appointment, generally by the judiciary, of probation officers either to the court itself or to a separate probation office serving one or more courts in a specific area. Agreement has not been reached regarding the qualifications desirable for probation work. Many of the laws are specific as to desirable personal qualifications but few as to professional training and experience. Several states make a state agency responsible for approving appointments or conducting competitive examinations of probation personnel, but in only a few communities are such personnel selected under a merit system. As a result, some courts have staffs professionally trained and experienced in social work while others have staffs not only lacking that or any other professional background but limited also in general education. To a considerable degree this situation reflects lack of clarity about the function of the probation officer in the court process and his relation to the judge: for example, whether he is primarily a social case worker operating within the judicial setting or

¹ See *A Standard Juvenile Court Act (infra)*.

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primarily an extension of the arm of the judge carrying out specific instructions from him.

Training in social work as preparation for probation work is gradually gaining acceptance. Answers to questionnaires addressed in 1942 by the United States Probation System, Administrative Office of the United States Courts, to 30 outstanding persons in fields related to law and social science brought recognition of such training in two-thirds of the replies. In the same year a committee of the American Association of Social Workers analyzed the job of probation and parole officers and declared training in a graduate school of social work to be basic preparation for such positions. A committee of the Professional Council of the National Probation Association, which developed standards for selection of probation and parole officers that were published by the Association in 1945, emphasized the desirability of training and experience in social work.¹ The committee, which regarded training in a graduate school of social work as desirable, recommended appointment from eligible lists resulting from competitive merit examinations.

Court Procedures

Consistent with the basic principle of juvenile court legislation—dealing with the child on the basis of his need for care, training, or redirection—most juvenile court laws permit, and a few specifically provide for, social investigation to determine the child's need prior to court hearing. During this investigation the child may be allowed to remain in his own home or held temporarily in a place of detention or temporary care. Following the investigation, cases in which court action is not needed may be referred to other agencies that can give the services required; or an adjustment, without official hearing or court record, may be brought about by the probation staff.

When petitions are filed bringing cases before the court officially, hearings are generally conducted privately and in an informal manner. Jury trials are rarely held in children's

cases. Considerable latitude in disposition is possible. In the largest proportion of cases—other than those dismissed or continued without action—the child is permitted to remain under probationary supervision in his own home. If the supervision, training, or treatment that the child's needs require cannot be assured or given him in his own home he may be committed to an institution or may be placed in a foster family home, preferably with the cooperation of a child-placing agency. Many juvenile court laws give broad latitude for other types of disposition depending on the needs of the child.

Relation to Community Agencies

The effectiveness of the court's handling of cases is dependent to a considerable degree upon the resources available in the community for intensive study and treatment of children's problems and needs. Much unnecessary detention of children, oftentimes in jails and for long periods of time, occurs because social services are not immediately available for making preliminary investigation to determine whether a child can safely be allowed to remain in his own home, or for making satisfactory provision for his care pending court decision. Frequently children and their families require service beyond that which even the better juvenile courts are equipped to give.

Improvements and expansions in community resources for clinical and social services, especially since the passage of the Social Security Act in 1935, are beginning to offer a greater variety and finer quality of service for social diagnosis and constructive treatment than was formerly available. Of outstanding importance has been the development of local and state departments of public welfare. Many children who otherwise would come to the attention of the juvenile court are being dealt with in their own homes and without court action through child welfare services afforded by local departments. See *Child Welfare Services in CHILD WELFARE*. In many communities, especially in rural areas, juvenile courts without probation staff are availing themselves of these services for the social in-

¹ See *Standards for Selection of Probation and Parole Officers (infra)*.

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vestigation and supervision of cases. Specialized services including psychiatric and psychological service, which generally are available only to courts in the larger urban areas; and consultation on especially difficult problems are being afforded by state public welfare and health departments.

Detention Care

Temporary care pending disposition has to be made for a portion of the children involved in juvenile court action. It is estimated that the number of children who are detained may well run over 300,000 in the course of a year. Many communities, however, completely lack suitable places for detention care.

Under such circumstances, as recent studies show—especially those of the National Probation Association and of state agencies—children are held in jail in practically every state. Frequently this detention is under sordid conditions without provision for segregation by sex, age, reason for detention, or previous experience. Even when there are separate detention facilities for children the physical features and equipment, management, and practices may be such as to make these places little more than children's jails. Boarding homes, unless carefully chosen and supervised, may be as bad or worse than a poor detention home.

The juvenile court law of practically every state makes provision for controlling jail detention and for the establishment or use of some more suitable place of care. Exceptions permitting jail detention under special circumstances, wide open to individual interpretation, coupled with the lack or inadequacy of facilities, make the prohibitions against jail detention practically meaningless in many localities, and dangerously weaken them in others.

Public interest aroused by the increase in delinquency and neglect of children during the war has led to planning for detention and other temporary care on both community and state bases. Some large urban communities are planning elaborate institutional facilities; others, as well as less populated areas, are planning for the care of children in subsidized boarding homes. A significant advance of the

past year or two is the development of state leadership and state-wide planning in relation to this type of care. In the past, such provision has been left almost entirely to the local community. Recently a number of states, among them California, Michigan, and New York, have been assembling state-wide information regarding detention facilities and outlining standards as a basis for helping local communities to develop programs, or are considering the development of subsidized foster homes for temporary care or the building of receiving homes. One state, Utah, has agreed to pay cities and counties for detention care when such care meets standards of the State Department of Public Welfare. In 1945 the National Probation Association appointed an advisory committee and began a nation-wide study of juvenile detention facilities to assemble data for a manual of recommended detention programs.¹

Recent Trends

The trend toward clarifying the function of the court as that of acting in cases in which there is need for judicial decision, and of its probation staff as a social service staff operating within the framework of a court, has been discussed.

Some indication of interest in state or district organization for juvenile court or probation service—in addition to the state court systems of Connecticut, Rhode Island, and Utah as well as the few states in which probation service is centrally administered—is seen in legislation that failed of passage in Florida for a state-wide juvenile probation system, and in Louisiana for a district system of probation and detention.

Interest in specialized court procedure for minors over juvenile court age continues. Special provisions for this group include a special division in an existing court, concurrent jurisdiction of the juvenile court with other courts, and extension of the jurisdiction of the juvenile court to permit use of procedures for minors similar to those for juveniles. Interest at present appears to be focused not upon ex-

¹ See Norman, *infra*.

tension of the jurisdiction of the juvenile court but rather upon providing for a state agency to which courts would commit minors for treatment. California, which passed the Youth Correction Authority Act in 1941, has been the only state to create such an agency; but in the past few years a number of states (which in 1946 included Connecticut, Minnesota, New York, and Wisconsin) have introduced bills with this objective, only to have them fail of passage. See The Youth Correction Authority in ADULT OFFENDERS.

Efforts to raise standards for juvenile court legislation, personnel, and practice continue. The United States Children's Bureau has recently revised its plan for the collection of juvenile court statistics, initiated in 1926, to centralize such reporting through appropriate state agencies. State probation departments or state departments of public welfare are endeavoring to bring about closer working relationships and to define mutual responsibilities between courts and public welfare agencies. Voluntary agencies such as the National Probation Association, the National Council of Juvenile Court Judges, and state associations both of juvenile court judges and of probation officers are working to raise standards.

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ALICE SCOTT NUTT

LABOR AND SOCIAL WORK¹ make contact at many points and have much in common. For the purposes of this article their relationships may be considered as falling under three headings: (a) the common goals of the two movements; (b) labor's participation in the provision of social services; and (c) the organization of labor unions among social workers.

Common Goals of Labor and Social Work

Although the labor union movement has deep historical roots, it may be said to have begun its characteristic development in this country during the latter half of the nineteenth century. There were 41 national craft unions in existence by 1873; the Knights of Labor flourished, and died, in the last quarter of the century; and the American Federation of Labor (AF of L) was organized in 1881, increasing its membership to 1,672,200 by 1904. During World War I, labor made great gains, with the total membership of all unions rising to 5,047,800 in 1920, but it lost much of this ground during the prosperous 1920's. The

¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

Labor and Social Work

fifteen-year upsurge which has carried it to its present strong position (with 15,000,000 union members in 1945) began in the early years of the depression of the 1930's, getting impetus from the passage of the National Industrial Recovery Act of 1933 and gathering increasing momentum from the passage and enforcement of the National Labor Relations Act of 1935.

The Congress of Industrial Organizations (CIO) was formed in 1935 by a number of national unions which had become dissatisfied with the craft union form of organization typified by the AF of L. This cleavage in the organization of labor led to sharp competition which has been expressed in part by a more consistent drive toward social goals by both groups than characterized the older organization.

During the recent war the unions were more articulate than they had ever been, both politically and in the economic realm. Since the war they have been active in influencing the course of reconversion, and have increasingly become participants in all forms of national planning.

The ultimate goal of organized labor has always been improvement in the standards of living among the workers of the nation. Labor has found that one of the most direct ways to move toward this goal has been through the process of bargaining, collectively and at the place of employment, for better wages, hours, and working conditions. Another has been through influencing the passage and administration of labor legislation. *See LABOR STANDARDS.* Out of the "case" materials derived from use of the first method come the facts which shape the program and strategy of the second. Labor's conviction that it is not enough to win better terms, employer by employer, has led it to seek wider gains through action aimed at improvement of the economic order in which industry operates and of the society in which workers live.

Social work, too, is concerned with action for long-range social progress. Like labor, it has its immediate goals—namely, success in its case-by-case efforts to help people who ask for its services. Out of its case materials likewise come the facts which impel it to

seek long-range betterment of the conditions under which people live and work. *See SOCIAL ACTION.*

Coming thus from widely separated starting points, the two movements, labor and social work, have tended to move more closely together as they have entered the field of social and economic reform. Social workers have become aware of the labor movement as something other than merely a force dealing with economic and wage problems. Labor has come to see social work as something other than merely an agency for dispensing "charity" and "relief." As the two groups have compared their ultimate objectives they have found them to be much the same; and out of the kinship thus recognized has evolved a willingness on the part of each to collaborate in many ways.

Labor's Participation in Social Work

Traditionally, labor unions have endeavored to assist their members with small grants of aid as needed, and through the operation of various insurance and benefit schemes. Their strength has been behind legislation looking toward improvement of the lot of the worker, such as workmen's compensation, prevention of child labor, protection of women in industry, social security, and unemployment compensation. They have favored public agencies, supported by taxation, in the field of health and welfare, and have had a good deal of question about agencies supported by voluntary contributions.

During the depression period of the 1930's, millions of workers were obliged to seek assistance for the first time. Many of them had unfortunate experiences with the emergency agencies set up to administer such aid, for staffs were untrained and relief was generally inadequate. To these persons unemployment relief was synonymous with social work, and was not agreeable under either name. Yet the fact that workers in such large numbers had direct dealings of this kind with social agencies—even though on an emergency and unsatisfactory basis—tended to bridge the gap that had previously existed between "self-sufficient" working people and their communities' social services. Although they did not particu-

larly like the contacts they had made, workers were at least more aware of social work after this experience than they had been before. The bitter experience of these years brought realization to both labor and community leaders that social services concern more than a segment of the population and that they must be set up as community enterprises.

Industrial and business employes had another contact with social work over the years since World War I, namely, as contributors to community chest campaigns in their localities. These employe campaigns increased in effectiveness from year to year with many excellent plans of employee-management relationship. However, in many establishments workers gave without much understanding of the nature of the enterprises they were supporting, and frequently with a sense of obligation not to those enterprises but to the employer through whom the solicitation was made. With the extension of the organizational gains of labor in the decade 1935-1945, dissatisfaction with these campaign plans was brought to the fore quickly, wherever it existed.

With the beginning of the defense and war period in 1940-1941 both the CIO and the AF of L began raising special funds among their memberships for allocation to the various foreign relief appeals that were being presented to them, as well as for certain domestic programs. At the 1941 CIO convention the National CIO Committee for British and Allied Relief was established. A year later the Committee's name was changed to National CIO Committee for American and Allied War Relief, and in 1943 it was changed again, this time to National CIO War Relief Committee. Following V-J Day the Committee was reconstituted as the National CIO Community Services Committee, under which name it now functions.

As early as 1938 the Labor League for Human Rights, AF of L, had been formed to carry on an educational program to combat "totalitarianism, racial, religious prejudice, and to rescue victims of Fascism and Nazism."¹ In 1940, funds were raised independ-

ently among AF of L unions for relief of war victims. The United Nations Relief Committee of the League was set up in 1941.

In the spring of 1942 a committee representing Community Chests and Councils, Inc., approached the representatives of the two groups from the ranks of labor, asking that their campaigns on behalf of the war causes be consolidated with local chest campaigns across the country. The need was presented for complete unity in every community if wartime obligations were to be met. The proposal was accepted, and the combined campaigns in the fall of 1942, as well as the subsequent campaigns under the National War Fund in 1943, 1944, and 1945, were given wholehearted support by organized labor. All contributions were made to the local campaign organizations, and funds were transmitted from these local groups to the beneficiary agencies. Nationally, certain projects in British, Russian, and Chinese relief organizations were sponsored by labor, and amounts in these budgets were set aside for these purposes. This carried to a proper conclusion the interest of labor in particular programs of service. The necessary budget for the staff and expense of these two labor committees in their work in behalf of the joint campaigns was carried as a part of campaign expense.

Cooperation with the National War Fund led to a somewhat similar arrangement between the union groups and the American Red Cross during the war years in promoting the annual war emergency appeals.

This participation by labor in war relief financing led to a corollary participation in community social planning and agency administration. In May, 1943, a *Memorandum on Relation with Organized Labor* was prepared by Community Chests and Councils, Inc., reporting the discussion by representatives of the AF of L, the CIO, and Community Chests and Councils, Inc., on participation of organized labor in matters of program and planning. Continued discussions resulted in the issuance in September, 1943, of *A Joint Suggestion for Labor Participation* which was sent out in the names of the three organizations, stating that "the ultimate objective . . .

¹ Labor League for Human Rights. *For Your Further Information*. 8 pp. New York. 1945.

Labor and Social Work

is the natural integration of the point of view of organized labor and the average wage earner into the health and welfare activities of the community."

As a result, labor representatives have been appointed to chest and agency boards in increasing numbers the country over, and have become influential in shaping social work policy on both the national and local levels. See ADMINISTRATION OF SOCIAL AGENCIES. In December, 1943, Community Chests and Councils, Inc., summarized this development as it had occurred in 105 cities up to that time, in a memorandum entitled *Labor Participation in Organized Health and Welfare Activities Other Than Fund Raising* (*infra*). Some twenty months later a study by a student at the New York School of Social Work was completed, in which the experience of 29 national agencies in the participation by labor in planning social services was analyzed.¹ This study showed that 12 of the 29 agencies investigated had labor representatives on their national boards or advisory committees in late 1945, and that four others were considering adding such representatives. Only one of these national agencies was reported as requiring labor representation on the policy-determining bodies of its local units. The majority of the agencies studied had no formal policy, but three of them had recommended to their affiliates appointment of representatives of labor on boards and committees, and general cooperation with labor. Community chests and councils of social agencies have quite generally encouraged appointment of labor people on boards and committees of their member agencies. This encouragement, sporadic as it has been, plus the growing interest of the labor groups in finding and training people to fill the places made available, has led to considerable results. Recent reports indicate the AF of L and the CIO have brought well over ten thousand of their members into social agency

board and committee service during the past two years.

Another aspect of the cooperative relationship established in the early years of the war was that of referral of cases by labor to the social agencies of the community. This was undertaken by both the CIO and AF of L groups, each in its own way.

The National CIO Community Services Committee endeavors, through the international unions affiliated with the CIO and through local CIO groups, to develop use of social agencies and participation in their administration and support. By September, 1946, local community service committees had been established in affiliation with 58 central CIO bodies in industrial cities. The Committee's program is the dual one (a) of helping workers understand and use the social services of the community and (b) of participation in making those services as effective and readily available as possible. Considerable emphasis is placed on helping the worker to find his way to the agency that can best serve him. This service is given by union counselors, members who are trained by the union to act as intelligent referral centers in the shops where they work. These counselors are selected by the local community services committee and are responsible to it. In September, 1946, a total of 3,000 union counselors were functioning in 48 communities under this program.¹

The AF of L approach to this problem of making social services more readily available to workers has taken account of the horizontal organization of so many of their unions by crafts under many employers. Considerable success has been achieved with "labor institutes" attended by a cross-section of local union membership, at which the program of social agencies is explained by competent speakers.² A total of 762 Labor League committees are reported in central labor unions across the country. In a memorandum to the author the executive director of the Labor

¹ Gutman, Ellie. *Labor Participation in Planning Social Services: A thesis in fulfillment of the requirement for the degree of Master of Science, New York School of Social Work*. 192 pp. National CIO War Relief Committee, New York. 1945. Includes a bibliography.

¹ For a record of the CIO counseling program consult the files of *Citizen CIO* (*infra*).

² For accounts of institutes and the use of referral centers by the AF of L, consult the files of *Labor League News* (*infra*).

League for Human Rights says that "Central referral bureaus, together with referral posters and special directories, have so far proved to be the most effective method of reaching A.F. of L. unions, enabling their officers to become acquainted with the resources of the community and to assist their members accordingly. Some councils of social agencies have adopted more active programs and have arranged for speakers at union meetings, or for visits by union members and representatives to the various social agencies."

The National Maritime Union (CIO) uses a still different method of bringing social services to its members. It operates its own personal service department, manned by trained social workers, which gives short-contact interviewing service, makes loans, and otherwise assists the members. Referrals are made to community agencies where the needs of the applicant can best be served thereby.

In several cities, notably Brooklyn, Chicago, Cleveland, Detroit, and Philadelphia, special referral bureaus have been established through joint action of both AF of L and CIO and the social agencies of the community.

Since the conclusion of the war, labor's willingness to continue its participation in social work fund raising and its special activities looking toward integration in social work planning and administration have been considerably tempered by two developments. One of these is the dissolution of the National War Fund and the ensuing disorganization of federated financing of foreign relief appeals. Union leaders generally feel that all approved appeals, including both those for local social services and those for foreign relief, should be brought together on the local level in a single joint campaign. The other development affecting labor's attitude toward continuance is the local chests' unwillingness to support the special services of the unions described above.¹

¹ Even before the end of the war a series of discussions was begun between Community Chests and Councils, Inc., and the leaders of the labor groups, looking toward peacetime relationships. A committee of Community Chests and Councils, Inc., proposed a policy of cooperation in which local chests were asked to support the two labor committees by direct appropriation of funds. This plan did not prove accept-

To meet these situations Community Chests and Councils, Inc., established in 1946 a Labor-Employee Participation Department, with special staff to work with all labor and employee groups. Both the AF of L and CIO groups are cooperating with this Department in working out the solutions to these and other difficult problems of postwar relationships. See COMMUNITY CHESTS.

Unions in Social Work

The organization of social workers as members of labor unions, beginning independently and with some early affiliation with the AF of L, has been largely a CIO development, although two AF of L unions, the American Federation of Government Employees and the American Federation of State, County, and Municipal Employees, both include in their membership social workers employed in government agencies. There are two national unions, both affiliated with the CIO, which include social workers in their membership: the United Public Workers of America (UPWA)¹ and the United Office and Professional Workers of America (UOPWA).² The first of these, as its name indicates, exists for governmental employes including public welfare workers. The second draws its membership from non-governmental organizations including voluntary social agencies. Within the UOPWA is a National Social Service Division coordinating the work of the locals of the Social Service Employees Union.

The Joint Committee of Trade Unions in Social Work coordinates the activities of the social service locals of the UPWA and the UOPWA, particularly with respect to their participation in the National Conference of Social Work.

Labor unionism in social work has developed as a result of the same factors that have caused other white-collar workers to or-

able to a sufficient number of chests to make it possible for the labor committees to plan their programs on the basis of support from this source.

¹ Formed in 1946 by a merger of the State, County and Municipal Workers of America and the United Federal Workers of America, both founded in 1937.

² Formed in 1937.

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ganize. The vice-president of the UOPWA has said, in a memorandum to the author, "The employer-employee relationship operates in social agencies as it does in commercial firms, though there are admittedly characteristics peculiar to social work which must be and are taken into account by the unions. Low salaries in social work have been recognized as an evil not only by the unions but by professional associations and thoughtful members of boards of directors. However, comparatively little progress has been made in improving social work salaries except where organization exists.

"The CIO has welcomed employees of social agencies into its ranks; and the unions of social work have played an important role in state and city industrial union councils as well as in their national bodies. The program of the Social Service Employees Union, UOPWA, has at all times gone beyond the subjects of salaries and working conditions, though these naturally have been given primary emphasis."

As of September, 1946, the Social Service Employees Union had 8,000 members in 30 locals in the United States and Canada. No figures were readily available as to the number of public welfare workers who were members of locals of the United Public Workers of America or of the AF of L unions.

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WILBUR F. MAXWELL

LABOR STANDARDS.¹ The term "labor standards" has reference to the economic and living conditions of wage-earners. It relates not only to what at any time constitutes the *status quo* but to what is accepted generally as desirable, or right, whether obtainable at the moment or not. The conscious forces that tend to determine these standards and to build upon impersonal economic trends are management and labor, working separately and through the collective bargaining agreement; government, working through legislatures and courts; and public opinion influencing both, through the development of the mores.

Historical Development

Throughout the colonial period and the first hundred years after the Declaration of Independence was signed, the influence of government was almost negligible so far as the law-making bodies were concerned. The influence of courts, on the other hand, was noteworthy, since their decisions tended to set limits to collective action. Both the indifference of the legislatures and the negative decisions of the courts grew out of the facts of the prevailing rural economy and the individualistic philosophy which that and an abundance of free land tended to nurture.

Such legislation as was enacted in an earlier period was of an extremely limited character. Thus the first child labor law, that of Massa-

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

chusetts in 1842, included no requirement as to the age of admission to industry but limited hours of factory work for children under twelve years of age to ten a day. New Hampshire passed a ten-hour law for women in 1847, but the first reasonably effective law of this character was passed in Massachusetts in 1876. Only in the present century has legislation for the protection of women and children come to be at all general. It was not until 1937 that the Supreme Court first upheld the constitutionality of a minimum wage law. Still later it sustained a federal law regulating child labor, thus reversing decisions of 1916 and 1920.

The same forces that postponed the development of legislation operated similarly in the field of unionism and collective bargaining. While students of labor history generally look upon the mid-1820's as marking the beginning of the organized labor movement in this country, its more significant development has been post-Civil War, and its growth into a position of genuine and recognized power, a matter of the past dozen years. The late 1860's saw the rise of the Knights of Labor and some of the railway unions. The American Federation of Labor was organized in its present form in 1886. It was in the 1930's, however, that organized labor, under the protection of federal laws and favorable court decisions, began making great strides both in numbers and in recognition.

PROTECTIVE LEGISLATION

Wages and Hours

For many years laws have existed in every state for some sort of wage protection. For the most part these laws have as their purpose merely an assurance to the worker that the wage agreed upon shall be paid. Typical are mechanics' lien laws, statutes making wages a preferred claim in bankruptcy proceedings, and laws requiring payment in cash or its equivalent. In some states, also, special state agencies are set up to assist the worker in collecting wages due.

In 1912 Massachusetts became the first state to go beyond provision for certainty of wage

payment, to concern about the amount of the wage. In that year its legislature passed a minimum wage law. Other states followed slowly, and in 1946 such legislation existed in 26 states, the District of Columbia, Hawaii, and Puerto Rico, although in one of the states — Maine — the law applies to the single industry of fish packing.

Most of the minimum wage laws apply to women and minors only. In recent years, however, a trend in the direction of including men is to be noted. Since 1943 the laws of three states — Connecticut, New York, and Rhode Island — have been made to apply to all persons, regardless of age or sex, and similar extensions have been proposed in other states. The Fair Labor Standards Act, passed by Congress in 1938, which sets a minimum wage for persons engaged in activities relating to interstate commerce, is also of general application.

Seven states¹ now require that women be paid the same wages as men when doing the same work, although in two of them — Illinois and Michigan — the laws apply to manufacturing only. An equal-pay bill (S.1178) was reported favorably in May, 1946, by the Committee on Education and Labor of the United States Senate, but was not enacted into law.

In any discussion of wage legislation, reference should be made to "family allowances." This form of supplementation by the state of the income of families with children is now the practice in most European countries as well as in Canada, Australia, New Zealand, and to some extent in South American countries. The most notable trend in recent years is toward the payment of benefits without a means test. No general provision for family allowances as such exists in the United States, although a bill having that as its purpose was introduced in the United States Senate in 1945, and various trends in that direction are obvious. Between July 1, 1942, and April 30, 1945, the federal government paid out nearly \$4,500,000,000 in the form of allowances to dependents of persons in the armed services —

¹ Illinois, Massachusetts, Michigan, Montana, New York, Rhode Island, and Washington.

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a sum which was supplemented in the amount of over \$2,500,000 by the servicemen themselves. A limited number of cities now supplement the salaries of men teachers who are married, or those of all teachers with dependents. In addition, the system of aid to dependent children in the Social Security Act has been referred to as a "close approach to family allowances," and the \$50,000,000 appropriated by Congress in 1946 for school lunches "might be considered as family allowances in kind."

Laws limiting hours of work apply to children, women, and to some extent to men. The limit of the working day for children is generally eight hours. Minors under sixteen years of age are protected from night work in factories in all states except Nevada and South Dakota. In such laws canneries are often excepted, and most of them fail to cover employment in bowling alleys, restaurants, and the entertainment industries. *See CHILD LABOR AND YOUTH EMPLOYMENT.*

While there has been some hours legislation for women since the New Hampshire law of 1847, today there are still five states—Alabama, Florida, Indiana, Iowa, and West Virginia—which do not afford such protection. Eighteen of the states and the District of Columbia limit daily hours to eight, with a maximum of forty-eight hours or less in the week. Seven more states have a forty-eight-hour weekly limit with a daily limitation of eight and one-half to ten hours. In the remaining 18 states the limits for daily hours range from nine to ten and one-half, with weekly limits of fifty to sixty hours.

Closely related to hours legislation, and of vital importance to public health and well-being, are regulations providing mealtime and rest periods, days of rest, and those regulating night work. The most common requirements for daily rest periods are found in the laws regulating hours of women's work. A number of states specify that thirty minutes to one hour shall be allowed for the noon meal, or for supper on the night shift. Three states—Colorado, Oregon, and Utah—require a ten-minute rest period after four continuous hours of work, or during each half-day, for women in retail trade.

Women are guaranteed one full day of rest in each week by the laws of 23 states and the District of Columbia. Fifteen states prohibit the employment of women at night in certain industries, and some regulation or limitation of night work is found in the laws of 21 states.

Five states prohibit the employment of women immediately before and after childbirth, and in one additional state—New York—the prohibited period is four weeks after childbirth. Washington prohibits employment for a period of four months before and six weeks after, and in the other states the prohibited period ranges from two to four weeks before and from three to four weeks after the birth of a child. Since no provision is made in these laws for cash benefits in lieu of the forfeited wages, that incentive toward enforcement is lacking.

Reduction of hours for male workers in this country has been achieved generally by agreement between organized labor and management, rather than by legislation. The exceptions to this general rule have been special categories of workers in occupations involving unusual strain or hazard, such as mining, or occupations where public safety is involved, such as railroading, bus and truck driving, and so forth.

While regulation of hours of some government employes dates from 1840, the first broad attempt at federal regulation of the hours of male wage-earners in private employment was the industrial code system of the National Industrial Recovery Act, adopted in 1933, and declared unconstitutional in 1935.

As the foregoing indicates, legislation for the protection of men has been extremely limited. The courts have in the past tended to frown upon legislation affecting the labor contract for adult males, and the legislatures have, in consequence, been reluctant to act. Recently, however, a new trend has become manifest. A beginning in the field of minimum wage legislation has already been noted. Of the 24 jurisdictions in which there are laws (other than Sunday laws) requiring one day of rest in each week, seven apply to men as well as women. The mealtime provisions apply to men in four states. However, the most exten-

sive application of such legislation to men appears in the Federal Fair Labor Standards Act of 1938. This law applies to all workers in interstate commerce activities and establishes a minimum wage, as previously stated. It also provides for a basic work week of forty hours, requiring payment at the rate of time-and-one-half for all hours worked in excess of forty.

Safety and Health

A primary protection for wage-earners is the establishment of standards of safe and healthful employment. Labor laws in this field embody the following: reporting accidents or occupational disease to public authorities; prohibition or regulation of dangerous substances, machines, and processes; exclusion of certain classes of workers from certain occupations; and compensation for injuries suffered on the job through industrial accident or disease.

An example of the prohibition of substances is the almost world-wide elimination of the use of white phosphorus in the match industry. In general, however, protection against dangerous substances and machines takes the form of rules prescribing conditions under which they may be used, like the regulation in minute detail of the use of radium in making luminous dials for watches and for airplane and marine instruments. Safety in employment is regulated under statutes and codes covering the guarding of machinery, fire protection, lighting, heating, ventilation, provision of clean toilets and washrooms, safety clothing and equipment, and protection against infectious diseases.

Further protective laws exclude certain groups from certain employments. Children are not permitted to work in many types of occupations—notably mining—under various child labor laws and the child labor provisions of the Fair Labor Standards Act. The exclusion of women from mining is almost complete in this country, and they are excluded from other specified employments by the laws of many states. Under maternity protection laws, women may not be employed on processes using substances likely to cause sterility or abortion. In Wisconsin the State

Industrial Commission is required to classify employments and to issue orders excluding women from any occupation prejudicial to their life, health, safety, or welfare. Physical examinations are required by some laws for male workers engaged in certain particularly hazardous or unhealthful employments, and technical qualifications are required for occupations involving public safety.

Provision of Employment

Various steps have been taken over the years to bridge the gaps between jobs and to sustain purchasing power. Among these are the establishment of public employment offices and the device of using public works as a reservoir of employment in depression periods. *See EMPLOYMENT SERVICES.*

The great depression of the 1930's followed by the opposite experience of the defense and war periods, when employment was at its peak, tended to stimulate examination of the possible role of government in the field of employment. A measure known as the "Full Employment Bill" was introduced in both houses of Congress early in 1945. After extended hearings and an unprecedented amount of public discussion Congress passed, and the President signed on February 20, 1946, the "Employment Act of 1946." This Act declares it to be the policy of the federal government to use all practicable means to bring about "conditions under which there will be afforded useful employment opportunities, including self-employment, for those able, willing, and seeking to work, and to promote maximum employment, production and purchasing power."

In order to accomplish these purposes the President is to make an "Economic Report" annually to Congress, with a recommended program. In performing this duty he is to be assisted by a Council of Economic Advisers appointed by him. The report and recommendations are to be referred to a special joint committee of the two houses of Congress, which is required to make a continuous study of the subject matter involved, and to make a report to each house respecting the Presi-

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dent's recommendations. See EMPLOYMENT PLANNING.

Employment and the Negro

Notable advances in the direction of equal treatment of minority groups have been made in the past few years. Extension of federal protection of the right to vote and the movement against the use of the poll tax to prevent voting, including the repeal of the poll-tax law in Georgia, should be mentioned. See INTERRACIAL AND INTERCULTURAL ACTIVITIES and RACIAL PROGRAMS IN SOCIAL WORK.

The need for all available labor during the war led to the breaking down of many barriers previously existing against the employment of Negroes. This tendency has been accelerated by the work of the federal Committee on Fair Employment Practice (FEPC), by legislation enacted in certain states, and by court decisions.

The FEPC, created by executive order, functioned during the war period. It had a moderate degree of success in dealing with discriminatory practices that were referred to it, and doubtless had a salutary influence beyond the actual cases brought to its attention. Attempts to make it a permanent statutory body failed. Nevertheless, congressional interest in the subject is indicated by the fact that no less than 15 bills to prohibit discrimination in employment have been introduced in both houses of Congress. Hearings were held on two Senate bills and a House bill was reported favorably by the Committee on Labor. None has yet been enacted into law.

More activity has been manifest in state legislatures. During the 1945 legislative sessions antidiscrimination bills were introduced in 20 states, resulting in legislation in five of them, and in 1946 such legislation was passed in a sixth state, Massachusetts. Three of the 1945 laws call for little more than study and report, but Massachusetts, New Jersey, and New York made illegal any discrimination in employment on grounds of race, creed, color, or national origin. Massachusetts and New York created special commissions to administer their laws and New Jersey placed responsi-

bility for administration in the State Department of Education.

Of unusual interest are a number of court decisions. The Supreme Court of California ruled in December, 1944 (*James vs. Marinship Corporation*), that a union having a closed shop agreement which did not grant to Negro members equal rights with white members could not use that agreement to bring about the discharge of Negro employes who refused to join the union.

In a case involving the Brotherhood of Locomotive Firemen (*Steele vs. Louisville and Nashville Railroad*) the United States Supreme Court held in December, 1944, that the Railway Labor Act requires a union to protect the rights of Negroes even if not admitted to membership. The law makes a union chosen by a majority in any "craft or class" the representative of all employes within the group whether members or not. The firemen's union, which does not admit Negroes to membership, entered into an agreement with the railroad that was adverse to the interests of Negro firemen. The Court held that, since under the law the union is the representative of Negro firemen, it must act for and not against their interests.

COMPENSATORY LEGISLATION

It is not enough that labor should be protected so far as possible against exploitation and industrial and occupational hazard. Modern thought accepts the idea that it is the obligation of the state, when protection fails, to see to it that the victim of the hazard is compensated for his loss. This is the theory behind the form of social insurance that has had the longest vogue in this country — workmen's compensation for industrial accidents.

Workmen's Compensation

The movement for workmen's compensation legislation, which got under way in the first decade of the century, was in the nature of a revolt against the old common law of employer's liability, under which the injured workman generally received little or nothing in the way of compensation. The new legislation abolished the concept of fault, and re-

quired the payment of cash benefit and provision for medical care in the case of any injury arising "out of and in the course of" employment. By 1917 this modern legislative remedy had been accepted by a majority of the states, and in that year it was upheld by the Supreme Court of the United States. Today Mississippi alone, among the states, is without a compensation law. Altogether there are 55 state and federal workmen's compensation laws in effect. The Bureau of Employees' Compensation, Federal Security Agency, administers the several federal workmen's compensation laws applicable to employments within the jurisdiction of the federal government.

This earliest form of social insurance had the benefit of neither federal aid nor supervision. Consequently, the lack of uniformity of benefits from state to state is noteworthy. In general, benefits are based upon a percentage of wages. The scale ranges from 40 to 70 per cent for permanent total disability, but with maximum weekly limits which vary from \$15 in Puerto Rico to \$30 in the most liberal states. Variations in the extent of medical care are striking. In only one major respect the standards of workmen's compensation laws have tended steadily toward greater uniformity: this is in the length of the noncompensated waiting period after injury. One week has become the widely accepted standard.

Unemployment Compensation

After the workmen's compensation laws had swept the country, little more was accomplished in the field of social insurance until the passage of the Social Security Act in 1935. That Act, as amended in 1939, provided a federal system of old age and survivors' insurance and stimulated the enactment by the states of unemployment compensation laws. Today such laws are on the statute books of every state. *See OLD AGE AND SURVIVORS' INSURANCE AND UNEMPLOYMENT COMPENSATION.*

The most noteworthy development in unemployment compensation in recent years is to be found in the Servicemen's Readjustment Act of 1944, commonly known as the "G.I. Bill of Rights." Eligible veterans who are un-

employed may receive up to \$20 a week for as long as fifty-two weeks, provided they meet the usual requirements of involuntary unemployment, and show readiness to accept suitable employment. *See VETERANS' BENEFITS AND SERVICES.*

Health Insurance

The hazard of illness is one which very nearly all other industrial countries have attempted to meet by the method of social insurance, but similar action in the United States is almost wholly lacking. The furthest step in this direction is to be found in the workmen's compensation laws of 32 states which, in greater or less degree, treat industrial diseases as compensable accidents. Two states — Rhode Island in 1942 and California in 1946 — have enacted laws providing for cash benefits to persons disabled on account of sickness.¹ In both states coverage is the same as that of the unemployment compensation law, and the fund is provided by a 1 per cent tax on wages (to be temporarily increased in Rhode Island to 1.5 per cent for a two-year period). Since neither law provides for medical benefits they fall short of the essentials of true sickness insurance.

A proposal for a federal system of health insurance sponsored by Senators Wagner and Murray and Representative Dingell has been pending in Congress for several years. Public hearings have been held but the measure has not yet come to a vote. In July, 1946, a subcommittee on Health and Education of the Senate Committee on Education and Labor brought out a report advocating a compulsory system of health insurance to be administered under the terms of the Social Security Act. *See MEDICAL CARE.*

UNIONS AND COLLECTIVE BARGAINING

As stated earlier, one of the forces for the development of labor standards, and indeed the major force so far as adult male workers are concerned, is the collective bargaining agreement. Prior to 1918 the most that could be said about the legal status of collective

¹ *Social Security Bulletin*. April 1946, pp. 27-28.

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bargaining and the labor organizations essential to it was that they were tolerated as not in themselves contrary to any law. Under this concept the unions had to struggle against hostile employers' associations and frequently against hostile courts. But a new attitude asserted itself in World War I, and a series of federal laws in the quarter-century following tended to establish a statutory basis for the existence and activities of unions.

The National War Labor Board, created by President Wilson in 1918, laid down certain principles to govern industrial relations during the war period. One of these was the right of workers freely to join unions. Under executive orders employers who interfered with this right were penalized. Eight years later Congress passed the Railway Labor Act which guaranteed to railway employees, in the most positive terms, the right not only to organize but to bargain collectively with their employers. This Act, amended and strengthened in 1934, continues to be the basis for negotiation and the settlement of disputes in railway operations.

In 1932 Congress passed the Norris-La-Guardia Act which modified and regulated the power of the federal courts to issue injunctions in labor disputes. Since then, laws have been passed in a number of the states placing similar restrictions on the state courts. The extreme use of the restraining power of the courts had been a major factor in hampering unions in carrying on their activities, and these laws have had an important effect.

The National Industrial Recovery Act was passed by Congress in 1933. Section 7-a of that Act declared that all workers have the right to organize and bargain collectively and forbade interference with this right. This section of the law was indifferently enforced, and it came to an end when the law as a whole was declared unconstitutional in 1935, but it had a tremendous psychological effect on both workers and employers, and membership in unions grew rapidly. Just one month after the invalidation of the Recovery Act, Congress passed and the President signed the National Labor Relations Act. This law preserved, in more effective fashion, the requirements of section

7-a of the earlier Act, and it extended to all workers the type of protection that the Railway Labor Act had afforded to railway employees since 1926.

Following the passage of the National Labor Relations Act (the Wagner law), similar legislation was enacted in a number of states. Some of them follow closely the provisions of the federal law in asserting the rights of employees to engage in collective action, and making it an "unfair labor practice" on the part of any employer to interfere with these rights. Others, while enjoining employers from any attack on the right of the employees to join unions and bargain through them, list as "unfair" certain practices of unions or of employees. Among these, varying with the state, are coercion of fellow employees, mass picketing, secondary boycotts, and closed shop agreements not authorized by a two-thirds or three-fourths vote of the employees affected.

Beginning with the legislative sessions of 1941, a concerted movement on the state level to control and restrict the activities of labor unions became manifest. This movement achieved a considerable degree of success in 1943, when laws of this character were passed in 11 states, mostly in the South and West. In 1945, bills designed to achieve restrictive control were introduced in more than half the states but only one state—South Dakota—wrote the provisions into law.

This attempt to reverse the trend culminating in the passage of the Wagner law includes proposals that range from the mild to the drastic. Among the subjects covered in one law or another are registration of unions, licensing of organizers, annual election of officers by secret ballot, majority vote before a strike can be called, financial reports, "unreasonable" dues or fees, the check-off of union dues, and the closed shop. A few municipalities have passed ordinances requiring a prohibitory license fee for union organizers.

In Florida a constitutional amendment was adopted in 1944 making closed-shop contracts unlawful. In 1945, similar proposals were introduced in the legislatures of 11 states, either as bills or as proposed constitutional amendments. Final action was taken in only one state

—South Dakota—where an anti-closed-shop statute was adopted and a proposed constitutional amendment as well, to be submitted to the voters in the 1946 general election.

Many of these state laws have been modified to some extent by court interpretation, and some individual clauses have been held unconstitutional. The decisions in the different states tend to be contradictory and no case involving the more fundamental issues has yet been passed on by the United States Supreme Court.

In Congress a similar movement toward regulation of unions or modification of present legal rights has been apparent since shortly after the Supreme Court upheld the Wagner law in 1937. At first these proposals were in the form of amendments to the Wagner law. Later, proposals were made relating to the adjustment of labor disputes involving "cooling off" periods, limitations on the right to strike, and in certain cases, compulsory arbitration. Only one of these has as yet been accepted by Congress. A bill introduced by Congressman Case of South Dakota was passed, after amendment, by both houses of Congress in June, 1946, but was vetoed by the President.

The first reaction to the Wagner law by those hostile to it was not new legislation but lawsuits or deliberate violation. Many lawyers advised their employer clients that the law was unconstitutional and that they were not obliged to obey it. A number of United States District Courts granted injunctions restraining the National Labor Relations Board from exercising its functions. In 1937, however, the United States Supreme Court in a series of cases sustained the law as constitutional. Since then, legal attacks have been made from time to time on the procedural activities of the Board, from which it has emerged as victor in a great majority of the cases.

The results of the favorable legislation since 1933 have involved great stimulation of union growth and activity. Union membership has grown steadily and has reached a point hardly dreamed of in the 1920's. Total union membership in the United States was about 3,000,000 in 1933. In 1945, estimated membership was in the neighborhood of 15,000,000.¹ Writ-

ten collective bargaining agreements in 1945 covered 13,800,000 persons, a number which the United States Bureau of Labor Statistics held to be about 48 per cent "of the total number employed and eligible for coverage." Forty-five per cent of those covered were working under closed-shop or union-shop agreements, and 29 per cent more under "maintenance of membership" clauses.

It is important to note, however, that collective bargaining has not everywhere been accepted as a matter of course. In some instances, such as railroading, contractual relations have long been in force and are the deeply rooted custom of the industry. In other industries many employers, only recently confronted with the fact of unionization, have had to learn, often by trial and error, new ways of dealing with their employes. Frequently this has meant major changes in managerial practice, even after the general principle of collective bargaining has been accepted. In many plants it has called for changes in approach and attitude that could be brought about only through intensive programs of foreman training.

Some employers in making these adjustments have been able not only to avoid open disputes but to use the new tool of collective bargaining to enlist constructive employee cooperation. On the other hand, in many plants, unions and management still regard one another with distrust, or even with open hostility. A substantial number of employers have gone through the formalities of collective bargaining by signing a union agreement, but have refused any real collaboration with the union in day-to-day problems. Barred by the National Labor Relations Act from open interference with the union or refusal to deal with it across the conference table, some employers have circumvented or evaded union negotiations whenever it was possible to do so. They have made every effort to narrow the area of collective bargaining, or resorted to tactics of procrastination and delay. By the same token, some of the newer unions, impressed with a

¹ Doubtless the 1946 membership reports will show a decline, owing to postwar falling off of employment in certain industries.

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sense of their newly acquired power, have been equally recalcitrant or uncooperative.

Upon the whole, however, acceptance of the idea of negotiation and collective bargaining has made tremendous gains in the past decade. The setting of labor standards by this method has made corresponding growth. Adult male wage-earners, largely overlooked in the past in the setting of legislative standards, now find their protection at the bargaining table. Other workers obtain advantages not yet included in statute law or secure advances over the legislative standards. The legislature sets a minimum and the workers, using that as a base, negotiate for higher standards.

When collective bargaining fails, the traditional instrument to which unions may resort to obtain their objectives is the strike. This weapon was voluntarily laid aside in the war years soon after Pearl Harbor. Most of the national unions entered into a no-strike agreement for the duration of the war. The extent to which this pledge was kept is a matter of some disagreement. Nevertheless, some factual data may serve to throw a certain amount of light upon the matter. No one criterion—whether number of strikes, number of strikers, or days of idleness—is sufficient to measure strike activity. The least satisfactory yardstick is number of strikes, since strikes vary in size and duration. For obvious reasons, the best is number of man-days of idleness, although this figure is often misleading because of concentration of strike activity in a few industries.

More strikes occurred during the war years than in most of the years immediately preceding this period and, except in 1942, more workers were involved. On the other hand the duration of wartime strikes was much shorter than in preceding years, the average of the war years being eight days and of the ten years preceding 1942, twenty-one days. The average number of man-days of idleness due to strikes, annually, in the ten years preceding 1942 was 16,115,000. The annual average in the approximately three and two-thirds years of war was about 9,900,000.

Strike activity was less, therefore, in the war years than in the decade or so preceding the war. But the fact that any strikes at all oc-

curred during the war period is an indication, many believe, that the unions did not keep their no-strike pledge. On this question the United States Bureau of Labor Statistics makes the following comment: "During the entire war period few if any strikes were authorized by the national and international unions. When local stoppages occurred, union leaders usually cooperated with Government agencies in securing a resumption of work with a minimum loss of production."¹

Current observation tends to bear out this statement. More significant evidence appears, however, in the upsurge of strike activity following V-J Day, when the unions felt themselves freed of the no-strike pledge. Seventy-five per cent of all the strike idleness in the year 1945 occurred after the surrender of Japan. To put it another way, there was, on the average, five times as much idleness per month due to strikes in the four and one-half months following V-J Day as in the seven and one-half months before.

Earlier it was stated that among the forces tending to create or affect labor standards are management and labor working separately as well as together through collective bargaining. Over many years the more experienced unions have been developing ways of meeting directly some of the needs of their members. Included among such activities are insurance benefits, measures for the protection of health, including clinics and sanatoria, vacation and recreational facilities, training courses, and general educational facilities. In recent years many of the newer unions have entered this field, some of them considerably surpassing in extent the earlier programs. Another development, mostly of the past half-dozen years, takes the form of cooperation with social agencies, and to some extent, the setting up of social work programs within the unions themselves. See LABOR AND SOCIAL WORK.

Enlightened management, too, has come a long way in a generation. In the first decade of the present century "welfare work" was considered the mark of the progressive em-

¹ "Work Stoppages Caused by Labor-Management Disputes in 1945," in *Monthly Labor Review*. May 1946.

ployer. It was philanthropic in spirit and paternalistic—or sometimes worse—in method. At about the end of that decade, a few scientifically minded leaders began to develop the idea that the same sort of critical analysis that had been found essential in engineering problems, in sales, in finance, and in production problems generally, might be useful in the field of labor relations. The development of scientific management under the leadership of Frederick W. Taylor and others influenced this trend. As a result, increasingly constructive ideas have become manifest in the field of industrial relations and personnel administration. Instead of welfare work the progressive employer is now concerning himself with better shop conditions in order to promote efficiency and low labor turnover. Thus philanthropy has given way to the spirit of *quid pro quo*.

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JOHN A. FITCH

LEGAL AID¹ is the organized effort on the part of the community and the bar to provide legal assistance for persons who cannot afford to pay an attorney's fee, and whose cases are such that they are unremunerative on a contingent fee basis. To large segments of our population the democratic ideal of equal justice under law for rich and poor alike becomes a tragic fiction when viewed in the light of their inability to retain counsel. For to give a man his day in court but not his counsel in

¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

Legal Aid

court is offering him the form without the substance of justice.

Growth of Legal Aid

Undoubtedly the ideal to "do justice to the afflicted and needy" is as old as civilization itself. The ancient Hebrew, Greek, and Roman writings are replete with exhortations urging justice for all as a religious and civic duty. With the emergence of a recognized legal profession, a vast amount of time and charitable labor has naturally been contributed to poor clients by lawyers in their private practice. Such individual generosity is, however, becoming less and less effective, especially in our large urban communities where lawyers are not personally known to needy people. Generally speaking, a client who knows he cannot pay the usual fee shrinks from seeking out a lawyer to ask for charity but looks, instead, to some form of free public service. Or, as all too many do, he may consult friends, insurance agents, bank clerks, realtors, accountants, or even funeral directors.

It is understandable that after the middle of the last century the need for some form of organized legal aid became urgent in New York City with the arrival of more and more immigrants, often poor and bewildered and the easy prey of swindlers and extortioners. In the year 1876 Arthur Von Briesen, a member of the New York Bar, encouraged the founding of what is now known as the New York Legal Aid Society. Ten years later a similar society for the protection of girls was formed in Chicago. The scope of the work in these and other communities was extended by degrees to deal with other social abuses and to include other groups. Special momentum has been contributed to the movement by the long-sustained efforts of three men: Reginald Heber Smith, of the Boston Bar, whose provocative book *Justice and the Poor* (*infra*), published in 1919, aroused active interest in legal aid throughout the country; John S. Bradway, director of the Duke University Legal Aid Clinic, who has written voluminously on the subject; and Harrison Tweed, of the New York Bar, who has for many years

advanced the cause of legal aid in the American Bar Association as chairman of its Committee on Legal Aid Work.

The year 1946 was noteworthy in the annals of the legal aid movement. For the first time in its history the American Bar Association initiated and financed an intensive and systematic three-year program of legal aid promotion in centers of population which, until then, had had no adequate legal aid offices. The Association's Committee on Legal Aid Work is working in closest cooperation with the already existing local and national legal aid offices, which can provide technical information as to the most effective forms of organization, policies, standards, forms, and available literature. The combined efforts of the American Bar Association and the existing legal aid organizations give promise of establishing legal aid firmly in most of the urban areas of the nation.

Varieties of Organization

The somewhat haphazard growth of the legal aid movement in the United States during the past fifty years accounts for the fact that there exists a wide variation in the kinds of agencies that render the service. The types of legal aid organizations, the bulk of which deal only with civil cases, may be summarized as follows:

First are the offices operated by autonomous societies or corporations managed by boards of directors, of which there were 31 at the beginning of 1946. Their independent status assures them freedom in the formulation of policies and selection of personnel. They are generally supported by community chest funds and, occasionally or in part, by private charitable contributions and endowments.

A second type of legal aid office functions as a department of a governmental or voluntary social agency, usually a family service society. Fifteen such offices were in operation in 1946. Since a high percentage of legal aid cases involve social factors and, conversely, many social cases entail legal considerations, the best feature of this second type of legal aid office is the close integration which it affords

between these two branches of community service.

A third form of organization, of which there were three in existence in 1946, is the public or municipal bureau. Such a bureau is likely to possess the advantage of an assured, adequate income as long as it exists. But it could, conceivably, be subjected to political pressure or be eliminated altogether by legislative fiat in response to a drive to reduce taxes. Nevertheless, the very fact that this type of agency does persist in some communities through successive city administrations testifies to its organizational merit.

Fourth, there are a number of law school clinics in which advanced law students, under the supervision of an instructor, handle legal cases in so far as this is compatible with their status as nonmembers of the bar. Some of these clinics operate conjointly with, or are an integral part of, an established legal aid office. Others are operated independently on the campus. Due to the depletion of law schools during the war many clinics were temporarily closed, but in the spring of 1946 at least six independent clinics were again functioning and others were expected to resume operation. In addition there were 11 law school clinics operating with existing legal aid offices. The practical training given and the social influence exerted by either type of clinic are invaluable.

A fifth type is the legal aid office sponsored by the bar. In 1946 there were nine such offices employing paid personnel, and 49 additional committees appointed to serve on a voluntary basis. Where the lawyers and staff are salaried and the office is permanent and accessible, with proper publicity given to it, the service can be effective. But the purely voluntary committee is, generally speaking, a disappointing arrangement. Its service tends all too often to become sporadic, incidental, perfunctory, or actually nonexistent. The Committee on Legal Aid Work of the American Bar Association has recognized this weakness and has for many years striven to improve the situation. As previously noted, its efforts are resulting in the opening of efficient legal aid offices in several large cities, where voluntary

committees cannot meet the need. As of July, 1946, eight new offices were in process of being established.

In contrast with the above five types of civil law office, there is a sixth type of agency: the defender's office, either public or voluntary. The former, a tax-supported office for the defense of those accused of crime, was maintained in 18 American communities in 1946. The voluntary defender's office, of which there were six in 1946, is a privately supported legal aid office specializing in criminal law. The defender organizations seem to have been highly successful, and the public demand for better legal defense of indigent persons accused of crime appears to be growing. As a result, such offices may be expected to multiply.

In addition there are the legal assistance offices maintained by the Army and Navy at all important military or naval establishments. Needless to say, these were extremely active during the war, and they made extensive use of civilian legal aid agencies and resources. The morale-building value of the legal assistance offices has been such that the armed services have placed this service to their personnel on a permanent peacetime basis.

In several cities, moreover, there are now functioning as by-products of legal aid the newly devised "lawyers' reference lists," operated by legal aid offices, by the bar, or by the two conjointly. By means of these lists clients who can afford to pay some fee for services received are sent to attorneys in private practice.

Kinds of Services

An analysis of the character of work done in legal aid offices discloses that it is highly diversified, but in the main reflects the economic and social conditions of the period. The pre-war depression years were marked by a preponderance of cases involving the debt-burdened unemployed or partially employed person. The war years brought to the fore servicemen's matters, domestic relations difficulties, claims for support, divorce, adoptions, correcting the vital statistics, and problems of landlord and tenant relations resulting from congested housing in defense areas.

Legal Aid

The first postwar year revealed that the trends generated by the war did not end but grew more pronounced. As a result of demobilization and the dislocations caused by reconversion, the case load, which had been heavy during the war, increased sharply during the closing months of 1945, and even more so during the first six months of 1946.

Moreover, the rising tide of domestic difficulty cases involving veterans and others continued to increase. The volume of such complaints has approximately doubled in many offices during the past two years. It was evident during the war that many marriages could not stand the strain of long periods of separation and that they were disintegrating. Now, with the close of the war and the return home of servicemen, we are seeing also that many marriages which *had* survived the war are not surviving the peace.

If to this is added the effect upon civilian family relations of the dislocations caused by the war, one can visualize a problem confronting legal aid offices which is not merely local, but national in scope. In fact the problem has assumed international proportions, since many of the returning servicemen left domestic obligations behind them in foreign lands.

In addition, many veterans have been faced with financial obligations, the payment of which was postponed upon military induction under the provisions of the Soldiers' and Sailors' Civil Relief Act. Arrangements for liquidation of these obligations has had to be effected. Other common services to veterans include the revoking of powers of attorney granted during the war, counseling with reference to purchase of homes, changing of names, adjusting of support orders, recovering custody of children, and similar personal legal services not rendered by the Veterans Administration, veterans' organizations, or the American Red Cross.

National Aspect of Legal Aid

Of the 137 legal aid agencies in existence in 1946, 58 were members of the National Association of Legal Aid Organizations. The organizational framework of this body conforms

to the usual pattern. The Association meets in an annual two or three-day conference as guest of one of the local organizations. Members of the bar and social service personnel are welcomed. Mutual problems are discussed. The Association's chief tasks are to formulate long-range legal aid objectives and policies; to maintain liaison with other organizations in the social service field, with the bar, and with the public; to maintain a nation-wide system for referring cases from one jurisdiction to another; to work out standard classifications dealing with the source, nature, and disposition of cases; and to promote social legislation, both state and national.

With the coming of peace and with young lawyers returning from military service, legal help is again becoming more plentiful. New personnel should bring new points of view and fresh enthusiasm to the program of the National Association.

Whether achievements of the organized legal aid movement have been modest or impressive is difficult to determine. Many improved laws dealing with small claims courts, juvenile courts, child labor, adoptions, installment buying, small loans, workmen's compensation, servicemen's legislation, and the like have resulted, at least to some extent, from the promotive influence of legal aid organizations. But vast areas still await exploration and achievement.

Fruitful relations with organized labor, to mention only a single example, have only just begun. Union counselors have found the assistance and guidance of legal aid attorneys a welcome help in their work. Likewise, legal aid organizations are beginning to strengthen their governing boards by adding union representatives to these bodies.

Russell Sage Foundation Study

At present a thorough-going study of the whole legal aid movement in the United States is being made by the Russell Sage Foundation. The study aims (a) to determine who should be responsible for maintaining this legal-social service; (b) to examine the organizational, procedural, and social effectiveness of the movement; (c) to appraise the influences

which affect it and to compare it with similar systems in other countries; and (d) to form a broad basis of discussion and action for making the use of our courts more readily available to all and specifically to those on lower economic levels. It is hoped that this study will point the direction which the legal aid movement should take in the decades that lie immediately ahead.

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GERALD MONSMAN

MATERNAL AND CHILD HEALTH¹ services may be defined as the protection, promotion, and conservation of the mental and physical health of children from the prenatal period through adolescence, and of their mothers throughout the reproductive cycle. Although many of these services were initiated by private agencies, in the course of time they have become an integral part of organized state and local public health work. Because it is recognized that the health of mothers and children depends so largely upon social and economic factors involving the family as a unit, and upon medical care, educational facilities, and general sanitation, the present maternal and child health programs are being planned and carried out largely by governmental health agencies cooperating with all community agencies serving the family.

Historical Background

The infant welfare movement in this country can be said to have had its origin late in the nineteenth century with the establishment by private agencies of stations for the distribution of milk to infants as a means of combating excessive infant mortality, particularly during the summer months. Gradually there were added to these stations the services of doctors and nurses, and of follow-up nursing services in the home, to teach mothers how to care for their infants so as to prevent illness. It was also during the last decade of the nineteenth century that systems of medical inspection were

¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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inaugurated in the schools of a few cities, that the production and distribution of diphtheria antitoxin were undertaken by a public health department, and that 13 states passed legislation concerning the control of ophthalmia neonatorum. *See PUBLIC HEALTH.*

In 1902 Congress first authorized the Bureau of the Census to collect and publish annually statistics on births and deaths.¹ The first federal infant mortality rates based on live births were published for 1910, when the rate was 132 per 1,000 live births. General interest in reducing infant mortality grew rapidly, and it was not long until the prenatal period was included in the field of child hygiene because the close interdependence of infant welfare and maternal welfare was recognized.

The following events stand out as having influenced the subsequent development of maternal and child health work in this country:

1. The establishment in New York City in 1908 of the first bureau of child hygiene in a municipal health department.

2. The Conference on Prevention of Infant Mortality, held under the auspices of the American Academy of Medicine in 1909, and the subsequent formation of the American Association for the Study and Prevention of Infant Mortality.

3. Passage of the act creating the United States Children's Bureau in 1912, which directed the Bureau to investigate all matters pertaining to the welfare of children.

4. The establishment in 1914 in the New York State Department of Health of the first Division of Child Hygiene in a state health department, and the appropriation of funds to carry on an active child health program within the state.

5. The establishment in 1915 of a birth registration area comprising 10 states and the District of Columbia. This made possible accurate birth and mortality statistics for a considerable area. The birth registration area has included the entire continental United States since 1933.

6. The passage in 1921 of the Sheppard-Towner Act, establishing the grant-in-aid principle for federal-state cooperation in de-

veloping local prenatal and child health services in rural areas. This Act lapsed in 1929.

7. The White House Conference on Child Health and Protection, called by President Hoover in 1930, which gave tremendous impetus to nation-wide interest in the needs of children.

8. The Social Security Act, passed in 1935, which carried in Title V provisions for grants-in-aid to the states for maternal and child health services, services for crippled children, and child welfare services for children in rural areas and in areas of special need. *See CHILD WELFARE AND CRIPPLED CHILDREN.*

9. The National Health Conference, called by the federal Interdepartmental Committee to Coordinate Health and Welfare Activities and held in Washington in July, 1938. The Conference included in its recommendations the expansion of maternity care and care of newborn infants, medical care of children, and services for crippled children.

10. The White House Conference on Children in a Democracy, held in Washington in January, 1940, which considered from ten approaches the needs of children in a democratic society. The Conference's deliberations made evident the interdependence of social, economic, health, educational, and other factors in meeting the needs of the whole child.

11. The United States Children's Bureau Commission on Children in Wartime, which met in Washington in March, 1942, at which time "A Children's Charter in Wartime" was adopted and plans were laid for continuing work to make it effective. This Commission was re-appointed in February, 1944, as the National Commission on Children in Wartime and in 1946 was reconstituted as the National Commission for Children and Youth. A report of the Commission entitled *Building the Future for Children and Youth—Next Steps* (*infra*) was issued in April, 1945.

12. Establishment through congressional appropriation, approved March 18, 1943, of the emergency maternity and infant care program. This program is administered by the Children's Bureau through grants to state health agencies for medical, nursing, and hospital care of the wives and infants of enlisted men in the four lowest pay grades of the armed forces (description below).

Vital Statistics

Knowledge of the number and location of

¹ The collection of vital statistics was transferred from the Bureau of the Census to the United States Public Health Service in 1946.

births and attendants at births is important in planning health services for mothers and children. Equally important is the knowledge of number, location, and cause of deaths of mothers and children.

The birth rate for 1944 was 20.2 live births per 1,000 estimated population, a drop from the rate of 21.5 for 1943, which was the highest birth rate reached in this country since 1924. Of the births registered in 1944, 93.3 per cent were attended by physicians in hospitals or at home, with a range for the various states from 100 per cent of all births attended by physicians to 58.7 per cent. The percentage of all births occurring in hospitals in 1944 was 75.6, an appreciable increase over the percentage for 1943, which was 72.1.

The maternal death rate in 1944 was 22.8 per 10,000 live births, which is the lowest maternal mortality rate ever recorded for the United States. The infant mortality rate for 1944 was 39.8 per 1,000 live births, also the lowest infant death rate ever recorded for the nation. The most important cause of infant deaths is premature birth, with respiratory diseases, congenital malformations, injury at birth, gastrointestinal diseases, and communicable diseases as other important causes. Death rates for children over one year of age decrease rapidly until the lowest rate is reached at the age of eleven or twelve, and then increase with each year of age. The leading causes of death in children from one to twenty years of age are accidents, pneumonia, tuberculosis, and diseases of the heart. A large percentage of the last-named group is estimated to be caused by rheumatic fever.

In the decade from 1935 to and including 1944, which corresponds approximately to the period during which the Social Security Act has been in operation, a remarkable reduction in death rates of mothers and infants has taken place. The maternal mortality rate has declined 60.8 per cent, from 58.2 deaths directly due to pregnancy and childbirth in 1935 per 10,000 live births to 22.8 such deaths in 1944. The infant mortality rate during these same years dropped from 55.7 deaths of infants under one year of age per 1,000 live births to 39.8 in 1944, a decrease of 28.5 per cent. Although

death rates of Negro mothers and infants dropped also during this period, they remain consistently higher than those of white mothers and infants.

It is not possible, of course, to ascribe these remarkable decreases in deaths of mothers and infants to the development of services under Title V of the Social Security Act alone, but it seems reasonable to assume that these services have played an important part in saving the lives of mothers and babies.

Federal-State-Local Cooperation Under the Social Security Act

Under the provisions of Title V, Part 1, of the Social Security Act, passed in 1935, Congress authorized the appropriation of funds for grants-in-aid to state health agencies for the extension and improvement of maternal and child health services, particularly in rural areas and in areas suffering from severe economic distress. Under amendments to the Act approved in August, 1939, the annual authorization for maternal and child health services was increased from \$3,800,000 to \$5,820,000 of which \$3,840,000 must be matched by the states with state or local funds, the balance being available to the states without matching. The amendments required that after January 1, 1940, the state plans must provide for the establishment and maintenance of personnel standards on a merit basis. Grants to Puerto Rico were also authorized. In August, 1946, Congress amended the Act, increasing the total annual authorization for maternal and child health services from \$5,820,000 to \$11,000,000, half of which must be matched by the states with state or local funds, the balance being available without matching. The amendment to the Act also brought in the Virgin Islands as one of the "states" to which the provisions of the Act apply.

Federal administration of maternal and child health services is vested in the Children's Bureau of the Federal Security Agency. Allotments to the state health departments are made by the Commissioner for Social Security on the basis of the ratio in the state to the total live births in the United States, plus a uniform grant to all states. An additional allot-

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ment is based on the need of the state for financial assistance in carrying out its state plan. Approval of state plans by the Chief of the Children's Bureau is based upon the requirements of the Act: financial participation by the state; administration or supervision of administration by the official state health agency; such methods of administration as are necessary for efficient administration of the plan; submission of required reports to the Commissioner for Social Security; extension and improvement of local maternal and child health services; cooperation with medical, nursing, and welfare organizations; and provision for development of demonstration services in needy areas and among groups in special need.

The program is now ten years old and is operating in the 48 states, the District of Columbia, Hawaii, Alaska, Puerto Rico, and the Virgin Islands. Under its stimulation much progress has been made in strengthening and improving the administrative facilities of the state and local health agencies for carrying on programs of maternal and child health and in developing available services for mothers and children in local areas. Types of service provided by these funds include prenatal clinics; child health conferences; examination of school children; public health nursing services, which include services for mothers and children and home delivery nursing services; and corrective dental services. *See PUBLIC HEALTH NURSING.* In addition, many state and local programs include provision of postgraduate courses in obstetrics and pediatrics for practicing physicians, and institutes and training courses for public health nurses and other health workers. Services of nutritionists and health educators are usually provided by the state agencies for consultation and assistance to local health units.

In the past few years state and local health agencies have evinced special interest in the provision of mental health services for children as a part of their maternal and child health programs. Although neither interest nor money is lacking, the development of such programs has been retarded because of the lack of trained child psychiatrists, psycholo-

gists, and psychiatric social workers. It is evident that a program of training in this field must precede the provision of such services to children.

Another area of increasing interest in the program is that of school health. *See SOCIAL AND HEALTH WORK IN THE SCHOOLS.* The provision of school health services has often been a responsibility shared between local and state departments of health and education, without any joint planning or clear-cut understanding of the functions of each. On the advice of its Advisory Committee on Maternal and Child Health Services, the Children's Bureau assembled information on the status of school health legislation and of school health services and arranged for its presentation to the Association of State and Territorial Health Officers when it met with the Bureau in April, 1945.¹

During the year 1945 a subcommittee, appointed at a meeting of representatives of federal governmental agencies whose programs affect the health of the school-age child, worked on a statement of the health needs of children. This was published in *School Life* in November, 1945, under the title "Health Needs of School-Age Children and Recommendations for Implementation," *infra*. This statement contains specific recommendations for content of program and also for its implementation on the local, state, and federal levels.

Emergency Maternity and Infant Care Program

In 1941 the Washington State Department of Health extended its maternity services by developing a program of medical and hospital care for wives of members of the armed forces stationed at Fort Lewis. The Children's Bureau studied similar areas in several states to learn the extent of need for obstetric and pediatric medical and hospital care for servicemen's families. The seriousness and extent of the need discovered through these studies led the Bureau to encourage other state health departments to use for this purpose what small amounts of federal funds were then available to them. Congress in March, 1943, made the

¹ *See* Wheatley, *infra*.

first appropriation of \$1,200,000 to the Children's Bureau for grants to the states for this specific purpose. Through June 30, 1946, the total appropriations since the beginning of the program have been \$111,975,900.

Under procedures authorized for maternal and child health services (Social Security Act, Title V, Part 1) the Children's Bureau makes grants to the state health departments to provide medical, nursing, and hospital services for the wives and infants of men in the four lowest pay grades of the armed services, and of aviation cadets. Under the appropriations for 1945 and 1946, 2.5 per cent may be allotted to the states for administrative expenses incurred. The program is in operation in all the states and in the District of Columbia, Alaska, Hawaii, and Puerto Rico.

On the basis of an application signed by the wife and the attending physician, state health departments authorize care and pay for services rendered by physicians, nurses, and hospitals. The rates constitute complete payment for care as authorized to the physician or hospital, and no additional payments may be made by or in behalf of the wife. Services are furnished to these families without cost as benefits to which they are entitled. No statement is required as to income or financial need, and there are no state or local residence requirements.

For wives, complete maternity care is provided (medical, nursing, and hospital care) during pregnancy, childbirth, and the postpartum period. This includes prenatal care, delivery, treatment of any complications, a medical examination about six weeks after childbirth, and care of the baby for two weeks after birth. Babies under one year of age are provided medical, nursing, and hospital care when they are ill. Immunization against smallpox, diphtheria, and whooping cough is provided for them in various ways set up by each state agency.

Wives and infants accepted for care under the program are referred to local health agencies for public health nursing services and to local social agencies if there is indication that they have need of social services.

In the fiscal year 1945, 48,153 doctors of

medicine participated in the program; 5,032 hospitals and 452 maternity homes provided care to patients under the program. Maternity care for the wives and medical care for the infants of men in the armed forces had been authorized for 1,063,955 wives and 154,087 infants between March, 1943, and the end of April, 1946.

The program is a wartime measure specifically planned for the duration of the emergency and six months thereafter. Since, as this is being written, the date of termination of the emergency war period has not been set by the Congress, the measure is still in effect.

American Academy of Pediatrics Study

A study of child health services in this country was officially inaugurated by the American Academy of Pediatrics at its annual meeting in November, 1944. The purpose is to collect information on the basis of which a program can be developed in order to make available to every mother and child in the United States all essential preventive, diagnostic, and curative medical services of high quality which, used in cooperation with other services for children, will make this country an ideal place for children to grow into responsible citizens. The study includes four major fields of inquiry: pediatric education; distribution, qualifications, and activities of professional personnel; hospital facilities, including outpatient clinics and laboratories; and health services for children. The project has been established cooperatively with the Public Health Service and the Children's Bureau and is receiving support and assistance from a number of interested governmental and voluntary agencies.

The pilot study, made in North Carolina, has been completed, and the larger study is now under way in a large majority of the states. It is estimated that approximately two years will be required for its completion in all the states.

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SARAH S. DEITRICK

MEDICAL CARE.² The past few years have been marked by intense public discussion of the problems of the distribution of medical care. Public opinion polls, resolutions of farm and labor organizations, platforms of professional organizations such as the American Medical Association and the American Public Health Association, have recognized a need for change in the way medical services are distributed. Although they vary in detail, all agree that some share of the responsibility for these changes necessarily lies with government. President Truman's special message to Congress in November, 1945, recommending a five-point national health program, served to crystallize opinions as to the kind and scope of responsibility government should bear.

The five related proposals advocated by the President were based on the premise: "Our new economic bill of rights should mean health security for all, regardless of residence, station, or race—everywhere in the United States." His proposals were as follows:

Financial and other assistance for the con-

¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

² For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

struction of hospitals and other health facilities where they are most needed.

Increased grants to the states for public health services and maternal and child health programs.

Support of medical education and research.

Expansion of compulsory insurance under the social security system to cover medical, hospital, nursing, laboratory, and dental services, supplemented by tax support for medical services for the needy.

Cash benefits to cover some of the wage losses incurred during periods of sickness and disability.

The fact that only one of these proposals, that dealing with compulsory insurance, has met with serious opposition indicates the change in public and professional thinking over the past decade. During the 1930's, findings of the Committee on the Costs of Medical Care, the National Health Survey, and other important studies revealed serious unmet medical needs among large sections of our population. These studies have exercised a slow but profound influence on public thinking about the problems of medical care, but until fairly recently their findings were questioned by organized medicine. Today, however, there is general acceptance of a need to make medical care more readily available to everyone.

The war contributed significantly to this change in point of view. Particularly influential have been the facts collected from 1942 to 1945 by the Pepper Committee, a subcommittee of the Senate Committee on Education and Labor, pointing to seriously inequitable distribution of health facilities, personnel, and services. These findings again showed that inequalities in health services, both as between geographic areas of the United States and as between different income groups, are primarily dependent upon the ability of an area or group to pay for service. Indeed, it is now widely regarded as axiomatic that cost is a principal barrier to securing good health services, both for individual families and for whole communities.

Moreover, experience gained during recent years in public medical care, federal-state

grant-in-aid programs, wartime government health programs, and in voluntary insurance has resulted in a clearer understanding of the problems involved in making medical care more generally accessible. The use of federal tax funds to overcome some of these difficulties is now widely supported.

Notwithstanding these wide areas of agreement on principles which ten years ago were the focus of hot debate, the hearings in connection with legislation to implement a national health program indicate that conflict still exists although its focus has shifted. The main areas of difference in 1946 were:

Between those who fear that national compulsory health insurance would result in bureaucratic controls over medicine and who therefore would limit federal tax aid to programs for special conditions or special groups of the population, while believing that voluntary health insurance can better meet the need for general medical care—and those who maintain a nation-wide scheme, besides being the best possible method for spreading costs and risks throughout the whole population, would also provide a framework into which other special health programs would fit in a better organized fashion than at present.

Between those who feel that medical services should be furnished as a public charity to people who cannot pay for them—and those who hold that access to medical care should be a basic right of all, as is access to education.

Between those who advocate federal financial aid to states for health programs with little or no federal voice in standards—and those who think the use of federal money implies federal responsibility for assuring minimum standards of service and administration within the states.

Between those who favor over-all control by representatives of interested "producer" groups, such as the medical profession and the hospitals—and those who believe that ultimate responsibility for the administration of public funds should rest with public servants responsible to the voters, although purely professional matters should be controlled by professionals.

Briefly, then, the conflict of opinion in 1946 regarding medical care is concerned not with the need for its better distribution, upon which

all are agreed, but with the methods of arranging for distribution and especially with the degree of public versus professional control in the distribution of medical care.

Legislation, proposed or enacted, to carry out the various proposals of the President's health message falls under several headings:

Construction of hospitals, by the Hill-Burton Act (S.191), passed by Congress in August, 1946.

Extension of public health and maternal and child care programs, by several bills.

Programs for tax aid for the needy, by both the Wagner-Murray-Dingell Bill (S.1606) and the Taft-Smith-Ball Bill (S.2143).

Research and medical education, by these two bills as well as by bills proposing a National Research Foundation.

National health insurance, by Title II of the Wagner-Murray-Dingell Bill.

Cash benefits for wage loss during sickness, as well as financing for the national health insurance provisions of the Wagner-Murray-Dingell Bill, by proposals before the House Ways and Means Committee, together with other extensions of social insurance.

The Hill-Burton Act

The Hill-Burton Act, passed by Congress in July, 1946, provides federal grants to states for the construction of hospitals and health centers. Its objective is to bring adequate facilities to all communities. In 1940, 40 per cent of our counties, predominantly rural, with a population of about 17,000,000, were without a single recognized general hospital. New York State's one general hospital bed for every 200 people, contrasted to Mississippi's one to every 650, illustrates the disparity between states. The number of beds in state mental and tuberculosis hospitals likewise varies widely, and in general follows the curve of relative wealth of the states.

The Hill-Burton Act encourages over-all state planning of an ordered network of facilities by requiring each state, as a prerequisite to obtaining federal aid, to study existing hospital resources and unmet needs, then to develop its own master construction plan, conforming to certain minimum standards set at the federal level. After approval of state plans

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by the Surgeon General of the United States Public Health Service, the federal government will supplement funds for construction raised within the states. The amount of the federal allotment available to each state will be determined according to the state's relative economic status, by a variable grant formula. However, on each approved project the federal contribution is fixed at a flat one-third of cost. Thus, while poorer states may have federal aid available for a greater number of projects, their contribution toward the cost of each project undertaken will be the same as for their richer neighbors. Congress is authorized to appropriate \$375,000,000 over a five-year period for construction, as well as \$3,000,000 for state surveys and planning.

The Act provides no funds for maintenance of hospitals, but is limited to construction. To prevent building where hospitals could not be supported, it requires a locality to demonstrate financial ability to maintain an institution before construction is authorized. Hearings on this legislation brought out the fact, however, that where people cannot afford to build a hospital they also cannot afford to maintain one. Consequently, many believe that the Hill-Burton Act, with its requirement for local maintenance of hospitals and without any provision for increasing the medical purchasing power of poorer communities, may cause much of the new construction to be allocated to areas which already can reasonably well afford to build and maintain hospitals, and little of it to be undertaken in less fortunate communities.

From the standpoint of administration, the Act entrusts federal responsibility to the Surgeon General of the Public Health Service, under the Federal Security Administrator and in consultation with a Federal Hospital Council composed of eight part-time consultant members, four representing the professions and four the public. The Surgeon General must approve state plans before federal grants may be made. If states appeal to the Federal Hospital Council for reconsideration of plans disapproved by the Surgeon General, the Council may override his decision. Critics of this feature of the Act maintain that such veto

power over essential administrative duties involving large federal sums of money may open wide the possibilities of influence by special interests. President Truman, while signing the bill, issued a statement strongly disapproving of this provision as a "potentially dangerous precedent." This illustrates the basic conflict already mentioned that exists between advocates of predominantly public versus professional controls.

Two other provisions of the Act also illustrate current areas of difference: (a) hospitals built under this Act are directed to supply a reasonable volume of hospital services to persons unable to pay, except "if such a requirement is not feasible from a financial standpoint," which might mean denying services to the needy; and (b) the original bill defined a public health center as providing public health services and medical care, but as amended and passed by Congress the definition was reworded to exclude medical care, thus narrowing too greatly the possible scope of these centers, in the opinion of those who seek broad medical care coverage.

The Hill-Burton Act received widespread support, both from labor and farm groups and from professional organizations like the American Medical Association, the American Hospital Association, and the American Public Health Association.

The Taft-Smith-Ball Bill

This Bill, introduced in May, 1946, was stated by its sponsors as "intended entirely to replace" the Wagner-Murray-Dingell Bill. It proposes federal grants to the states for the medical and hospital care of needy persons, health inspection of school children, dental and neuropsychiatric research, and for reorganization of federal health agencies. Indirectly it also offers support to voluntary health insurance plans.

The Bill would create a new federal agency, the National Health Agency, administered by an "outstanding physician" appointed by the President. To this agency would be transferred the United States Public Health Service, the health services of the Children's Bureau, the Food and Drug Administration,

the Office of Vocational Rehabilitation, and part of the Bureau of Research and Statistics of the Social Security Administration. Under the general direction of the National Health Administrator the Surgeon General of the Public Health Service would administer most provisions of the Bill.

A National Health Council, appointed by the Administrator, would serve in an advisory capacity to the Surgeon General, but would also hold certain definite veto powers over his decisions. Its eight members, serving in a part-time consultant capacity, would include five physicians or other persons professionally concerned with health activities, and three "persons familiar with the needs for medical care in urban or rural areas." Analogous councils for maternity care and dental service would be established.

For the care of needy persons, \$200,000,000 would be authorized to be appropriated annually for five years. Allotments to states would be proportionately larger to poorer states, but each state would be required to contribute at least two dollars for every federal dollar received.

Before receiving federal aid, each state would survey its needs and propose a plan to provide, within five years, hospital services, surgical services, and medical services in hospitals, clinics, or similar institutions, for all families and individuals in the state having insufficient income to pay the whole cost of such services; and health inspection services for all children in elementary or secondary schools in the state.

State plans would be reviewed by the Surgeon General, but if disapproved might be appealed to the National Health Council which might thereupon direct the Surgeon General to approve. The Bill states that "no plan shall be disapproved because the Surgeon General disapproves of the methods proposed" — provided that it is in some way designed to pay for the specified services at a cost within the probable resources of the state, including federal aid. "It is intended that the State shall devise in each case the methods by which this end is attained."

In addition to the above, state plans might

also, at their option, include medical services in the doctor's office or at home. They might also contribute premiums or partial premiums to any voluntary nonprofit health, medical, or hospital insurance fund on behalf of those unable to pay these premiums. Likewise optional are subsidies for physicians practicing in areas too poor to attract a doctor.

Another section would authorize grants up to \$20,000,000 a year for dental services. State plans would provide annual inspection of the teeth of all children in elementary and secondary schools, and dental treatment for needy children — "need" to be determined by the school principal. States might also pay for dental care of needy adults.

The stated purpose of the Bill is to pay for the medical care of all persons unable to meet the full cost of such care. The American Medical Association has stated that families with less than \$3,000 annual income — at least 60 per cent of the population — may need assistance in paying the full fee charged by a doctor. It is evident, however, that the proponents of this Bill do not envisage the inclusion of any such proportion of the population under the means test. Senator Taft estimates, in fact, that it would include but 20 to 25 per cent of the population. The assumption of the Bill's sponsors appears to be that persons above the "needy" level would be adequately provided for through voluntary health insurance encouraged by government aid.

The reactions to this Bill again are indicative of prevalent divisions of opinion. In most respects the Bill embodies the position of professional organizations, many of which favor such provisions as the prohibition of federal standards, the high degree of administrative control by "producer" representatives, the limitation of services to those in proved need, and the encouragement of voluntary insurance plans through transfer of tax funds to these organizations while leaving them free from public controls.

As would be expected, the Bill has been attacked by those advocating a broader program. Thus labor, the Farmers Union, dissident physicians groups such as the Physicians Forum for the Study of Medical Care, medi-

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cal economists, and a large body of the press are opposed to it. "To begin with," editorialized the *Washington Post* recently, "it does not meet the real need. Paupers have always been able to get medical care through charity . . . the real health problem of the country lies not with the people who are penniless but with the people who are poor yet too proud to accept charity, or else not quite poor enough to be eligible to receive it. . . . There is a second, more serious, objection to the Taft approach. We have had experience in this country with the dole and other forms of relief and we have sought to abandon them because they are inevitably degrading to the recipient. . . . What Senator Taft proposes is a return to the dole."

These critics maintain that, without national standards for determining need, passage of the Bill would surely result in a complex pattern, wholly lacking in uniformity, and in the tremendous administrative costs and the arbitrary controls always found where a means test is applied. Opponents also point out that the Bill offers those eligible to receive care no assurance of any right to choose or change physicians, and no guarantee of the quality of the limited services promised. They feel, too, that the proposed method of allocating funds is questionable. It has been estimated that New York State, for example, would get about \$1.00 per person in federal money and Mississippi about \$2.00; but New York would have to put up in state funds only about \$2.00 per person while Mississippi would be required to pay approximately \$4.00. Many of the poorer states, where need is greatest, might therefore be unable to contribute sufficient funds to take full advantage of federal grants.

The Bill's administrative provisions are disliked by those who hold that responsibility should rest with public officials. They fear that private professional interests would dominate the physician-directed federal agency, particularly because national councils would be controlled by professional people and would not be required to include representatives of the consumers of health services, such as labor, business, and agriculture. These councils, opponents note, while serving only in an occa-

sional, consultant capacity, would still have veto powers over decisions made by full-time public officials responsible to the President and Congress. For similar reasons, they question authorizing states to contribute public funds to voluntary health insurance plans with no safeguards regarding the professional and financial standards of such plans.

A working example of an administrative pattern similar in many respects to that proposed in the Taft-Smith-Ball Bill is seen in the recently initiated "home-town care" for veterans' service-connected disabilities, designed to facilitate care outside of hospitals. For this care, the Veterans Administration has in several states made agreements with state medical societies or with voluntary insurance plans sponsored by medical societies, by which these private agencies administer the program. The veteran chooses his own doctor and the doctor's bill is sent to the medical society or insurance plan, which pays it and collects from the Veterans Administration the amount of the bill including approximately 7 per cent for administrative costs. The fee schedule is set by the Veterans Administration, but otherwise few minimum standards of quality or financial responsibility are laid down. The private agencies are entrusted with the establishment and maintenance of such standards.

To make care more readily available to veterans is everywhere regarded as desirable; and medical societies have welcomed the administrative pattern also, because they feel it protects professional interests. But concern has been expressed that this pattern may prove, in the long run, to be detrimental to the interests of both veterans and practitioners. Many public officials and students of public administration, for instance, regard as a dangerous precedent the turning over of public funds, with almost no controls, to private organizations composed of the persons who stand to gain financially from the expenditure of these funds.

Voluntary Health Insurance

At present, about 25 per cent of the population carry some form of voluntary health in-

surance, the great majority being insured only against hospital bills or wage loss during sickness. Most of the people covered belong to either Blue Cross or commercial insurance plans.

The Blue Cross nonprofit hospitalization insurance plans have grown rapidly during the past ten years, and latest figures show membership to be around 21,000,000 people. These plans cover the major portion of the hospital bill of a semiprivate patient during ordinary illness, at a cost of about \$24 per year per family. The plans do not cover doctors' bills, which ordinarily take about 40 cents of the medical dollar — three times as much as hospitalization — nor do they include preventive medicine, nursing, drugs, or dental care.

Commercial plans are of two major types, group and individual. Both pay specified cash amounts toward wage loss or certain medical expenses. Group plans, which represent about half the total in terms of premiums paid, usually do not cover the employee's family. At present about 8,000,000 people are entitled to receive payments toward hospitalization costs from such group carriers, and 6,000,000 of these are also eligible for payments toward either loss of wages or surgical and maternity fees, or both. A negligible number of these plans reimburses the cost of day-to-day physician care.

Ninety per cent of the individual type of commercial policies deal solely with cash payments to the insured in event of accidental injury. The remaining 10 per cent are for cash payment in case of sickness, usually beginning such payment after the second week of sickness. They seldom cover hospital, doctor, or dentist care, as their major aim is to replace wage loss. Only about 40 per cent of receipts from policyholders are paid back to them in benefits, the remainder going for expenses and profits.

Since the late 1930's, various state and county medical societies have sponsored insurance plans on a nonprofit basis. These cover less than 2 per cent of the population, cost about \$24 per year per family, and for the most part insure only for obstetric service after a ten-month waiting period, and surgery. Early in

1946, Associated Medical Care Plans, Inc., was set up under the sponsorship of the American Medical Association to include all such plans meeting minimum standards of the Association's Council on Medical Service. Its purposes are to establish coordination and reciprocity among all these plans, to be a body with which welfare and industrial groups and government agencies can deal to provide coverage for the people in any given area, and to educate the public as to medical service plans.

Finally, there are about 3,000,000 members of prepaid medical care organizations sponsored by industry, consumers, private groups of physicians, or governmental agencies such as the Farmers Home Administration. These plans generally offer quite complete medical care, especially those in which insurance for medical care is combined with group medical practice, as is the case for example in the Ross-Loos Clinic of Los Angeles.

Voluntary nonprofit insurance, except for government-sponsored plans, has been largely limited to urban areas and communities. Less than 3 per cent of all farm people are covered by Blue Cross hospitalization. In the 20 states that are predominantly rural, medical society plans for obstetrics and surgery cover only 0.5 per cent of the population. Few voluntary health insurance plans, other than cooperative and community organizations, provide for subscriber representation in their administration.

Some of the problems besetting voluntary health insurance are set forth in a recent report of the Pepper Committee.¹ This study points out that people who are sick, or expect to get sick, are those most apt to join voluntary plans. Accordingly, the plans tend either toward adverse selection of risk, with a resultant increase in costs, or adoption of eligibility requirements which may result in excluding the people who need such plans most. High turnover of membership and large promotional and administrative expense are also frequently found in voluntary insurance. Indeed, only those plans in which employers or other agencies pay a share of the premiums can

¹ See U.S. Senate, Subcommittee on Wartime Health and Education. *Health Insurance (infra)*.

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come within the reach of employed persons in the lower income groups. The most successful plans are those in which some element of compulsion is found, such as the frequent requirement that 50 or 75 per cent of an employe group enroll and maintain their membership in the plan.

Another problem of voluntary insurance, as indicated by the Pepper Committee's report, is that of furnishing a broad range of services. Most of the plans sponsored by medical societies, for example, offer very limited benefits, such as obstetrical care and surgery in a hospital, and include no general medical service, no preventive care, and little family care or diagnostic service. Thus, although 25 per cent of the population of the United States have some type of insurance for medical care, less than 4 per cent are covered for anything approaching complete medical and hospital service.

National Health Insurance

Proponents of national health insurance contend that to cover everyone, the adverse as well as the good risks, the sick and the well, the low and the high-income groups, the poor and the rich geographical areas, requires a basic mechanism as representative and all-inclusive as the federal government. National health insurance would provide comprehensive health services, at a cost to the individual based on a percentage of his income, paid for through required contributions to the social security fund. Supporters of such a program agree, in general, that while the health fund should be built up nationally in order to establish the broadest and most stable basis for spreading the costs of illness and to assure adequate financial support for doctors and hospitals everywhere, yet administration must be decentralized because medical services, as distinguished from *payment* for them, are peculiarly personal in character and depend for success upon local professional personnel and local technical resources. Policy and administration, both locally and nationally, should be guided by advisory committees in which the public and the

medical professions are represented. Purely professional matters, however, should be decided only by professional people.

Opponents maintain that national health insurance would inevitably become involved in politics and would result in "red tape," high costs, control of medical matters by untrained laymen, limitation of physicians' incomes with accompanying loss of incentive in the profession, and, in the long run, stultification of research and deterioration of the quality of medical care.

It seems clear that if national health insurance were to result in a drastic lowering of the relative economic position of the average physician, the type of candidates seeking to enter the health professions would be adversely affected, and that the quality of the nation's medical care might suffer. Physicians are naturally concerned with the effect of such a system on their economic status. The example of poorly paid government workers, school teachers, and city physicians is not reassuring. A major problem in the consideration of any national health program, therefore, would appear to be how to devise a scheme which would not only supply the public, at a cost within the reach of all, with the comprehensive medical care to which it is entitled, but which at the same time would provide physicians and other health workers with adequate financial and professional incentives.

The Wagner-Murray-Dingell Bill

The most recent of several similar bills designed to set up national health insurance, the Wagner-Murray-Dingell Bill also contains, chiefly in its first Title, provisions relating to extension of public health services, maternal and child health services for those not covered under the national health insurance provisions of the Bill, research and medical education, and for grants to states for the medical care of the needy. Federal grants for the last-named purpose would be varied so as to give an advantage to states with fewer economic resources, and would be available to each state having a plan for the medical care of the needy

in effect in all parts of the state, efficiently administered by a single state public assistance agency, and including no citizenship or residence requirement. Care for the needy could be provided (a) through money payments to claimants, (b) by payments from the state to private physicians and others, (c) through state-employed medical staffs, or (d) by payment from the state to the national health insurance fund, thus supplying care for the needy on the same basis as for the insured and their dependents. Labor groups, in hearings on the Bill, urged that only the last-named method be permitted.¹

Title II of the Bill is concerned with national health insurance. It would cover employed persons and their dependents, including agricultural and domestic workers, employees of nonprofit institutions, the self-employed, and retired and survivor beneficiaries of old age and survivors' insurance provisions of the Social Security Act—in all, perhaps 90 per cent of the population. Employees of federal, state, and local government, railroad employees, and certain other groups would not be covered, except through special compacts.

Benefits would include preventive, diagnostic, and therapeutic services of general practitioners in home, office, or hospital; services of specialists and consultants; laboratory, X-ray, and physiotherapy; appliances, including eyeglasses; hospitalization; general and special dental services; and home nursing. Should personnel prove inadequate, dental and home nursing services may be curtailed.

The Surgeon General of the United States Public Health Service would administer the technical and professional aspects of the program. He would be required to consult with a National Advisory Medical Policy Council before passing on questions of general policy and administration. This 16-member Council, appointed by the Surgeon General, would be selected in part from panels of names submitted by professional and other agencies and organizations concerned with medical, dental, nursing, and hospital services, but it also would include public representatives. The

function of the Council would be advisory, but the Surgeon General would be required to report to Congress the Council's recommendations and his comments thereon.

In administering the program, the Surgeon General could enter into agreements with state and local governmental departments and other agencies or individuals, but would be required to give preference to state agencies. Local area advisory committees, composed of representatives of the local professions and insured persons, would be appointed to aid in administration.

Any physician, dentist, or nurse legally qualified by a state could furnish services under this Bill. Specialists or consultants who wished to qualify for special rates of payment could do so by meeting professional standards prescribed by the Surgeon General after consultation with the Advisory Council. Hospitals could qualify for participation by meeting appropriate standards.

Physicians and others who furnish service could be paid by several alternative methods: (a) fees for services rendered; (b) a flat amount per year for each insured person who elects a particular doctor's services (to maintain quality of care, the number of persons who might elect any one doctor could be limited); (c) a salary, for whole or part-time employment; or (d) by some combination of the first three methods. Choice of method of payment would be determined locally, according to the wishes of participating practitioners.

The Bill provides (a) that patients be free to choose their own physicians and hospitals under the plan; to make use of services provided under the program or to continue to secure medical services in the traditional manner, as they prefer; (b) that physicians be free to accept or reject patients; to participate or not to participate in the program; to furnish services as individuals or to associate with other physicians in groups; and (c) that voluntary health and medical agencies be free to participate in the program, maintaining their status as independent agencies; or not to participate in the program if that is their preference.

¹ See U.S. Senate, *National Health Program* (*infra*).

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The health insurance provisions of this Bill have brought into sharp focus the conflicting positions of "producer" and "consumer" representatives, already apparent. Medical, dental, and hospital organizations and representatives of many voluntary insurance plans have attacked the Bill on the ground of insufficient policy control by professional groups, and charge that the Bill would result in an expensive bureaucratic system of medical care, making doctors "clock watchers and slaves of a system." The National Physicians' Committee for Extension of Medical Services spearheads the drive to inform the public of the dangers these groups see in the Bill. This Committee, supported by drug houses and medical societies, makes such statements as that, under the Bill's insurance system, patients would have to depend on doctors paid by the government to work only eight hours daily; emergency cases would have to wait until the doctor checked in; patients would have to go to the doctor assigned to them by political appointees; doctors would become incompetent because methods and remedies would be fixed by bureaucratic superiors. Supporters of the Bill maintain that the inferences made in such statements are not borne out by the provision of the Bill itself and are, in fact, indirect expressions of a basic fear on the part of doctors that they will be unfairly treated and underpaid in a national health system.

Supporters of the Wagner-Murray-Dingell Bill, such as the three major labor organizations, the Farmers Union, and a variety of independent citizens' groups, approve it as a means of entitling practically every American family to medical care as a right when needed, in return for regular contributions to the health insurance fund. The provisions of the Bill which require adequate public representation on national and local advisory bodies, and those assuring establishment of national standards to promote high quality care adjusted to local requirements, are regarded as important administrative safeguards.

Organization of Medical Services

Although legislative measures have focused

attention on ways and means for breaking down barriers of costs to make medical services more generally accessible, of equal importance is the growing recognition that improved organization of our medical services is also necessary. Here, emphasis is on improving the quality and efficacy of care given, rather than the extension of quantity of services.

Newer methods of furnishing medical care are directed essentially toward breaking down the professional isolation which surrounds many physicians under the system of individual practice. Predicating access of physicians to hospitals, X-ray and laboratory facilities, and to the professional assistance of fellow physicians trained in specialized fields, medical education has long since abandoned its nineteenth century function of turning out self-sufficient medical jacks-of-all-trades. Yet, though trained in a system of group practice centered around hospitals, most physicians graduate into solo performance in individual practice.

Almost half the counties in the United States lack hospitals, and even where hospital facilities are abundant, as in large cities, many practicing physicians may not have the right to use them. In Baltimore, for example, half the general practitioners lack any kind of hospital privileges. Similarly, specialists tend to concentrate in large cities, and their services are not easily accessible to country doctors or country patients. Moreover, even within the cities, specialist services are not available to general practitioners and their patients in any regularized fashion.

To overcome the professional difficulties arising from this type of isolated practice, physicians are increasingly gravitating toward group practice, where general and special physicians, sharing common space and equipment, combine forces. Many group clinics are found, for example, in the Middle and Far West, and the idea is gaining ground elsewhere.

The special circumstances of rural areas demand rapport between city and country facilities. The long-established plan of the New England Medical Center in Boston, where the

Tufts Medical School through its hospital acts as reference group for a number of small hospitals in Maine, provides one type of answer. Here, not only are patients with unusual diagnostic and treatment problems sent to the Boston center, but specialists from Boston make regular visits to the Maine hospitals, and members of the hospital staffs come in to the center for special training. A similar project is soon to be launched at Rochester, N.Y.

Professional isolation may exist not only in individual practice, but in institutional medical programs cut off from the main stream of advancing science. The new plan of the Veterans Administration for its hospitals, which closely links them up with neighboring medical schools, offers a hope toward reducing one example of institutional isolation. Committees appointed by the deans of cooperating medical schools recommend appointments to the staffs of the veterans' hospitals under their respective professional jurisdictions. Staff appointments may be on a part-time basis, to bring in physicians engaged in teaching or practice in the community. These deans' committees are to be responsible for the professional standards of the hospitals. Other institutional programs may benefit from this example.

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Medical Social Work

MEDICAL SOCIAL WORK¹ functions in relation to the practice of medicine in hospitals, clinics, and other organized programs of medical care. *See* MEDICAL CARE. Its distinctive characteristic is its focus on social problems incident to illness, physical handicap, and medical provision.

Significant developments within the past decade in scientific and clinical medicine, public health, and medical care have had particular implications for medical social work. The rapid growth of governmental medical services has created a need for clearer thinking regarding the basic elements of a complete medical care program and the standards for a more adequate quality of care. Through the steadily increasing integration of the concepts of public health and medical care, the emphasis on the preventive approach and on the social and community aspects of health is permeating all practice.

Although a broad concept of medical care has never been limited to consideration of the organic aspects of disease conditions, there is now a growing belief that patients can be more satisfactorily and permanently restored to health when medical study and treatment are combined with treatment of unfavorable social and emotional factors. Through the development of psychosomatic medicine, dealing with the interrelation of psychological and physiological aspects of disease, an impressive body of scientific evidence is being produced regarding the significance of social and emotional factors in illness. With increasing use of psychiatric concepts in general medicine, more attention is being given to the feelings of the individual about his illness and medical care.

It is evident that although scientific discoveries may continually advance medical treatment, the most expert care becomes of no avail if the patient's desire or ability to carry out the recommendations are obstacles to its completion. Not only do unfavorable social factors influence the effectiveness of medical

care, but they contribute to the degree and duration of the disability. Disability can result not only from organic disease but also from impairment of function by deprivations, fear, anxieties, and dissatisfactions. Modern practice of medicine is essentially a teamwork process, involving the utilization of a variety of scientific techniques and specialized resources. During the course of a single illness a patient may require the services of several specialists and may receive care through a number of institutions. Social, educational, and rehabilitation services must frequently be obtained, and the individual patient may need to be helped to locate and use these services. Some persons can profit fully from medical care if information or advice is given to them and they are helped to make use of community resources; the needs of other sick persons can be met only when social study and treatment are provided as an integral part of medical services. Unless the interrelatedness of medical and social factors is recognized and given consideration, the effectiveness of both medical and social services is lessened.

Responsibility for recognizing and considering the social component in illness and medical care is shared by all the professional personnel in the medical program, but the social worker's significant contribution is her understanding and skill in recognizing and dealing with social factors in a given medical situation. The need for such specialized service may be relative to the care of individual patients, in which instance the service will be direct case work service and will frequently involve co-ordination with or the development of community services. The need for social considerations may be in relation to the care of a large number of patients, as in the more recent development of state-wide and nation-wide programs. Here, medical social workers are functioning as consultants, in which capacity they offer assistance to administrators in relation to social aspects of the total program, foster effective working relationships with community agencies, and help social workers and members of the medical team to understand the social aspects of illness and medical care. In its early years medical social work consisted

¹ For names of national agencies in this field listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

almost wholly of direct case work services to individual patients. Case work carried on in medical institutions in association with physicians remains the central activity and the core of practice. *See SOCIAL CASE WORK:* The consultation services are based on principles derived from the practice of medical social case work. With basic education for social work, and experience in the teamwork process in association with the other professional personnel in the medical agency, medical social workers have developed a unique service which does not duplicate the services of social workers in social agencies nor the services of other personnel in the medical program.

History and Development

Medical social work was begun under the leadership of physicians and laymen who believed that adequate medical care included attention to the social needs of patients. It was established in the Massachusetts General Hospital, Boston, in 1905, and shortly thereafter in the Bellevue Hospital, New York City. Although there are several physicians who have assumed leadership in the integration of medicine and case work in the care of patients, the name of the late Dr. Richard C. Cabot is most commonly associated with much of the early growth and subsequent progress of medical social work. Since 1905 there has been a steady increase in the number of departments which have been established in all types of hospitals — teaching hospitals affiliated with schools of medicine, voluntary institutions, and governmental hospitals, including Army, Navy, and veterans' hospitals.

The contribution of medical social work was first demonstrated in the integrated services developed in the hospital. With the acceptance of medical social work as a professional function, its contribution was sought gradually by noninstitutional health and medical care programs. The establishment of a medical care plan under the Federal Emergency Relief Administration in 1933 served as the impetus for extramural expansion of medical social activity. In addition to participation in the medical programs of the Federal Emergency

Relief Administration, medical social workers studied the social aspects of those programs in several sections of the country. Prior to that time the American Association of Hospital Social Workers had focused its attention on case work practice and the development of social service departments in hospitals. In 1934 the Association appointed a committee to keep in touch with other organizations interested in plans for medical care and in health needs of those unable to pay for medical care, and to study the contribution which medical social work could make to the changing programs. This recognition of a widened area for service was reflected in the change of the organization's name, in that same year, to the American Association of Medical Social Workers.

The passage of the federal Social Security Act in 1935 marked the beginning of significant expansion of medical social work in public programs. Medical social workers are now employed in local and state departments of health and welfare, chiefly as consultants but also as administrators and practitioners. With the expansion of the program of rehabilitation, including physical restoration, medical social workers have been employed in local and state rehabilitation programs. At the federal level, medical social consultants are employed in the crippled children's services and maternal and child health services administered by the Children's Bureau; in the programs under the auspices of the Bureau of Public Assistance; in the rehabilitation program administered by the Office of Vocational Rehabilitation; and in the program of tuberculosis control of the United States Public Health Service. Medical social workers are also employed in specialized voluntary programs for the prevention of blindness and the care of patients with cancer, tuberculosis, heart disease, and other chronic conditions. *See CRIPPLED CHILDREN, MATERNAL AND CHILD HEALTH, PUBLIC ASSISTANCE, PUBLIC HEALTH, SIGHT CONSERVATION, TUBERCULOSIS, and VOCATIONAL REHABILITATION.*

The most recent data relating to the total number and distribution of medical social workers are those compiled by Ralph G. Hurlin of the Russell Sage Foundation in 1946, in

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a study of salaries.¹ In this study data were assembled from nearly 3,300 medical and psychiatric social workers employed in 705 hospitals and other agencies that provide or are concerned with the provision of medical service. Among the other agencies are clinics not attached to hospitals, public welfare agencies extending medical care, and public health departments. Not all medical agencies employing such workers cooperated in this study. It was estimated that such agencies may now number 1,000 and their medical and psychiatric social workers more than 4,000. Of the workers covered in the study about 1,000 were employed by the American Red Cross in Army and Navy hospitals in this country and over 500 by the Veterans Administration, which was then in the process of increasing its medical and psychiatric social work staff to an authorized strength of more than 1,000. Due to the rapid expansion of the field the demand for medical social workers has always exceeded the supply of qualified personnel.

American Association of Medical Social Workers

Since 1918, medical social workers have been associated in a professional organization now known as the American Association of Medical Social Workers. The purpose of the Association is to promote the quality and effectiveness of social work in relation to health and medical care. The basis of eligibility for membership is completion in an accredited school of social work of the full graduate curriculum including an approved sequence in medical social work or a combination of graduate preparation for social work and medical social experience. Recently, membership has been extended to workers living outside the United States, its territories, and Canada, who have secured full preparation for medical social work in the United States. In 1946 a total of 2,095 medical social workers were members of the Association. Through the organization of 14 districts and 5 regions, a medium is provided for active member

participation in the Association's program. The Association maintains a national office and staff, and employs a full-time executive secretary and a part-time educational secretary. Six times a year it publishes the *Bulletin*, designed primarily to give information about medical social practice and current developments related to education and practice in the field. The Association holds its annual meeting at the time and place of the National Conference of Social Work.

In addition to administering the business of the organization, the executive secretary has responsibility for stimulation and coordination of activities. She works with Association committees, and with districts, regions, and local groups. Field service has been given traditionally but has been necessarily limited in recent years, when an increasing amount of staff time has had to be devoted to cooperation with national organizations and agencies to assist in the planning of social services in new and developing medical and welfare programs. Current knowledge and understanding of the developing programs is basic to sound planning for the creation or expansion of medical social services. The educational secretary gives leadership in the educational field, including extensive field service to schools interested in instituting education for medical social work as well as to those offering such curricula. She works in close cooperation with the Association's Education Committee, composed of both teachers and practitioners of medical social work.

Through committee activity the membership has assumed responsibility for a large part of the Association's program. A series of monographs and reports attests to the group's concern with the definition of dynamic and appropriate function, the study and testing of practice, the formulation of educational principles and materials for teaching, and standards of services and personnel. The Education Committee formulated the general content of a curriculum in this field and accepts responsibility for periodic evaluation and revision of that content; it shares in planning education for social work from the point of view of its particular concern for adequate services to the

¹ See *Salaries of Medical and Psychiatric Social Workers in Medical Agencies (infra)*.

ill and handicapped; it studies and promotes the contribution of the medical social worker to the education of affiliated groups—the medical student, intern, student nurse, public health nurse, hospital administrator, and the public health administrator. Of particular significance is the extensive study, begun in 1945, of the teaching in medical schools of the social and environmental factors in medicine. This study is a project sponsored jointly by the Association of American Medical Colleges and the American Association of Medical Social Workers, and is financed by the Milbank Memorial Fund. The study of 13 medical schools has been completed and it is hoped that the report will be available early in 1947. The Committee on Medical Social Practice is currently engaged in study projects relating to basic principles in case work, the activities of the medical social worker in public medical and welfare programs, standards of the social service department, administrative relationships within the medical institution and community, and medical social work with such special groups as private patients, those with venereal diseases, and those in need of rehabilitation services. In addition to these two large areas of continuous committee study—practice and education—there are customarily additional committees to explore the newest areas in the field and trends in the developing programs.

Education for Medical Social Work

Educational preparation for medical social work is a two-year graduate professional program in a school of social work which is a member of the American Association of Schools of Social Work. See EDUCATION FOR SOCIAL WORK. This preparation consists of the basic social work curriculum, with inclusion of courses in both theory and field work in medical social work. The American Association of Medical Social Workers has given continuous consideration since 1921 to the question of educational preparation for medical social work. The first organized study of practice was made under the auspices of the American Hospital Association, and in 1923 a two-year curriculum was advocated as the

desirable professional foundation for medical social practice. With the conviction of the membership that the professional association has major responsibility for defining and developing the educational program, the Association has employed an educational secretary since 1926.

The 18 universities and colleges currently offering a full medical social curriculum, approved as of June, 1946, are: Boston College; Bryn Mawr College, Bryn Mawr, Pa.; Fordham University, New York City; Montreal School of Social Work; National Catholic School of Social Service, Washington, D.C.; the New York School of Social Work; St. Louis University; Simmons College, Boston; Tulane University, New Orleans; University of California, Berkeley; University of Chicago; University of Louisville; University of Minnesota, Minneapolis; University of Pittsburgh; University of Southern California, Los Angeles; University of Washington, Seattle; Washington University, St. Louis; Western Reserve University, Cleveland.

Postwar Developments

The war brought marked expansion in medical programs for special groups such as the armed forces, veterans, merchant seamen, wives and infants of men in the armed forces, Japanese-Americans in war relocation centers, and patients in rapid-treatment centers for venereal disease, particularly in defense areas. This period also brought significant development in rehabilitation services for the handicapped, both veterans and civilians. Many of these expanded programs, with their sharply increased demand for medical social workers, have been carried over to the postwar period. The resulting personnel situation has been and still is somewhat chaotic: there still exists a serious shortage of qualified workers; many have had only partial preparation for the positions for which they are employed; and personnel qualifications and practices, including salary adjustments, need to be reviewed and revised. Not only must depleted staffs make adjustments in standards of work to meet pressing needs, but rapidly expanding programs, inadequately staffed, mitigate against

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development of services of adequate quality. Movement has been so rapid that it has been difficult to obtain perspective regarding the services most needed.

Efforts are being made to find resources and make plans for appropriate scholarships and in-service training in order to increase the number of qualified medical social workers. The scholarship plans most significant in numbers are the American Red Cross program and the scholarship program administered by the American Association of Medical Social Workers. The scholarship funds administered by the Association were a grant from the National Foundation for Infantile Paralysis for medical social work education. Scholarships are awarded on the basis of merits of the applicants, whose only commitment is agreement to be employed in the medical social field following the period of preparation. Since the fall of 1944, 90 persons have been given scholarship aid through this fund.

Of particular significance to future development of medical social work is the widespread interest in better distribution of more adequate medical care to all persons. This movement is reflected in the two surveys currently being conducted under the auspices of the Commission on Hospital Care¹ and the joint sponsorship of the American Academy of Pediatrics, the United States Children's Bureau, and the United States Public Health Service. Both surveys are nation-wide and are launched as cooperative studies; both are aimed toward securing data which can be used for sound planning and development of adequate facilities. The first-named survey is an inventory of all establishments offering bed care for the sick; the second is a study of present services for child health. The movement is also reflected in the development of insurance plans and plans for group medical care. Based on experience with health and medical care of individuals and large groups, a statement has been prepared by medical social workers, setting forth principles relating to medical social aspects of a national health pro-

gram.¹ Whenever feasible, medical social workers are participating in planning groups, but a more direct service is being given through advisory committees and consultation services on the local, state, and national levels.

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¹ The report of the Commission on Hospital Care will be published by the Commonwealth Fund early in 1947.

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GRACE WHITE

MENTAL HYGIENE¹ is defined as "the aggregate of measures designed to preserve mental health."² More commonly, mental hygiene is thought of as those procedures devised for the prevention of mental ill health. As psychiatric knowledge of adult maladjustments grew in the past fifty years, it became known that most adult problems had their origin in the insecurities of childhood, particularly as these are concerned with the child's relationship to his parents and family. This is the period when the character or temperament of the individual is formed, with its assets as well as liabilities in terms of prevailing patterns of reaction of anxiety, insecurity, passivity, dependency, stubbornness, aggression, resentment, hostility, rage, and so forth. It is in the complicated interplay of these various emotions within the personality and in their failure of synthesis or maturity that the roots of mental illness lie.

Mental illness is costly, treatment is time-consuming, and the results in human distress are devastating. Techniques of treatment are advancing rapidly, particularly in the treatment of the psychoneuroses and psychosomatic states and in the use of shock therapies for the psychoses. Yet in spite of these advances, many persons do not improve or recover. Common sense dictates attention to the prevention of these disorders and the formulation and promulgation of principles that can be applied or adapted by those who wish to prevent mental illness. This focus has led in the past thirty years to the establishment of

extensive mental hygiene clinics and to the giving of special attention to the maladjustments of children through the medium of child guidance clinics. Nevertheless a vicious cycle exists. To prevent the adult breakdown, the child and adolescent should be treated. But to treat the child, the parent must also be treated. Obviously the problem must be attacked wherever it is found, at any age from infancy to senescence.

Too often the mentally ill adult is treated extensively in a hospital but is left largely to his own devices once he leaves the protection of the hospital environment. The follow-up care of such individuals to prevent recurrence is important, but is largely neglected. If such provisions existed, many patients could leave hospitals sooner, whereas they are often kept indefinitely for months or years for lack of any mental hygiene provisions for their after-care.

Since many factors combine to render individuals mentally ill, it is obvious that mental hygiene orientation and provisions must be taken into the school, the college, the church, and industry as well as the home. Such developments have had an unprecedented burst of activity due to the recent war. The problems of the psychiatrically disabled veteran have stirred a vast amount of public attention through the publicity given to the large number of men who had to be discharged from the armed services for reasons of mental or emotional illness.

Mental hygiene has a twofold purpose. On the one hand it is a public health movement which aims to prevent mental diseases. On the other hand, it has a more positive aim of teaching people how to accept themselves as they are, how to recognize reality rather than live in a world of wishful thinking and fantasy, and how to get the utmost from the world around them and themselves. In the first aspect mental hygiene is preventive. In the second aspect it is clinical and experimental. It is obvious that both aims are closely connected, as the individual who is at peace with himself stands less chance of a breakdown than the one who is beset by strife and conflicts within himself.

¹ For names of national agencies listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

² See Hinsie and Shatzky, *infra*.

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The term "mental hygiene," as we know it, began in 1843 with Dr. William Sweetser and was advanced by the great crusade of Dorothea Dix in the 1840's and 1850's; but it owes its modern impetus largely to Clifford Beers. In 1908, Beers published the personal account of his own mental illness and the humiliating experiences he underwent in a state hospital. His book, *A Mind That Found Itself*, is now a classic. Beers recovered after three years and determined to devote his life to the improvement of the conditions of insane patients. He turned to Dr. Adolf Meyer who advised broadening the scope of his activities from the mere improvement of conditions in state hospitals. As a result, in 1909 he helped to found the National Committee for Mental Hygiene which has since been identified with all the progressive developments in mental hygiene.

The past two years have been a period of great activity in the field of mental hygiene, with active leadership emerging from outside the ranks of psychiatry. One needs only to mention such works of fiction as *The Lost Week-End*, *The Snake Pit*, *Wasteland*, and others to indicate the extent of popular interest that has been aroused in psychiatric subjects today. Several new laymen's organizations have been formed. The National Mental Health Foundation, established in 1946 and devoted to the improvement of conditions in psychiatric hospitals, was founded by a group of conscientious objectors assigned to state institutions who were appalled by what they saw and who were determined to remedy conditions. The People's Committee for Mental Hygiene, established in 1945, is equally devoted to improvement and the establishment of appropriate legislation to remedy conditions. In special areas one sees the same resurgence—for example, the American Epilepsy League, Inc., Research Council on Problems of Alcohol, National Committee on Alcohol Hygiene, Inc., and the National Committee for Education on Alcoholism.

All these activities are belatedly overdue. Too long has the mental ill health of America been neglected. Improvement has been handicapped by an inadequate number of psychiatrists, psychiatric social workers, and psycholo-

gists, by overcrowded and poorly administered hospitals, and by legislative apathy and public disinterest. The next few years should see rapid strides toward the achievement of much needed reforms.

Extent of the Problem

World War II brought to acute focus the incidence of mental ill health throughout the country. The findings of psychiatric difficulties among men rejected for service and among those discharged from service have given some indication of the extent of the problem that has always existed in this country and the additional burden to be met. Of the 15,000,000 men who had been examined by the armed forces' induction stations as of June, 1944, a total of 4,217,000 or 28.1 per cent were rejected for all medical reasons; and it is revealing that of this group 701,000 or 16.6 per cent were rejected for mental and nervous diseases and 582,100 or 13.8 per cent for mental deficiency. Thus 30.4 per cent of the men who were rejected were found inadequate because of neuropsychiatric difficulties. Neuropsychiatric disorder constituted the largest single reason for rejection.

Not too exact an analogy can be drawn between civilian and military experience, since in the latter instance fitness for warfare and not for peacetime living was being tested. But these figures on rejection can probably be taken to represent a fair cross-section of American civilian mental health.

The rate of discharge from the armed services for neuropsychiatric disability has been, as one might expect, somewhat higher. From January 1, 1942, through June 30, 1945, there were 320,000 men granted certificates of disability discharge from the Army because of neuropsychiatric disorders. This represented 41 per cent of all medical discharges. In addition, 137,000 were discharged for neuropsychiatric disorders under a nonmedical category. The bulk of men discharged during 1943 and 1944 represented training casualties, whereas by 1945 most of them had had overseas service and a large proportion had seen combat service. Of those discharged with psychoses, between 20 and 30 per cent were transferred

to Veterans Administration or other hospitals, and many have subsequently been discharged; the remainder were considered sufficiently well to be placed in the care of their families or to be on their own. A significant proportion of the men discharged represent cases in which there was merely a brief psychotic episode. The proportion in which recurrences may develop in later civilian life remains to be seen.¹

Thus a colossal new problem has been created in the field of mental health. The emergency facing America now is to create facilities for the care of her psychiatrically disabled veterans, in the face of the obvious fact that entirely inadequate resources exist and that the personnel to carry out the job has not been trained or developed in sufficient numbers.

Long before the war it was known that an enormous problem in mental health existed in this country.² Just to hospitalize the obviously sick civilian cases requires a service of approximately 900,000 beds, or 50 per cent of all the civilian hospital beds in America. State mental hospitals are overcrowded, with beds set up in corridors, yet are unable to accept all who need hospital care. Each year sees approximately 100,000 new cases admitted for hospitalization. One-tenth of one per cent of the population are so mentally defective that they need hospital care throughout most of their lives. Another 0.9 per cent are so defective as to need special provisions for supervision and training. Two per cent are so retarded that they live always at a marginal level and are in need of special education and training if they are to be made effective. Three-tenths of one per cent are epileptics, all of whom are in need of medical care and treatment. There is no real way of determining the total number of psychoneurotic individuals in our population; by conservative estimate 40 to 60 per cent of all patients who go to doctors are suffering primarily from psychoneurotic difficulties. Most

of these, of course, are productive, some of them brilliantly so. Nevertheless, most of these individuals are potentially if not actually in need of help. Finally, there is that vast group of persons suffering from somatic disease, whose best chance of recovery lies in the combined efforts of the internist and psychiatrist.

The personnel situation in the mental hygiene field is extremely serious. Today there are only about 3,000 accredited and recognized psychiatrists among the 185,000 doctors of the country. The same inadequacy prevails in the field of psychiatric social work. *See PSYCHIATRIC SOCIAL WORK.*

Wartime Developments

Although mental hygiene received some impetus during the first world war, many of the lessons learned then had to be painfully relearned by the Army medical personnel in World War II. In World War I no adequate methods of selection of draftees were adopted. As a result, large numbers of soldiers developed acute psychotic symptoms as well as the less serious psychoneuroses. The popular and erroneous term for these disorders was "shell-shock"; and it was only late in the war that the disabilities were fully recognized as emotional in origin. No adequate treatment program was ever devised. This experience demonstrated the importance of psychiatry within the Army and the need for an effective mental hygiene program at induction for the elimination of those individuals who were emotionally unfit for warfare and who were almost certainly doomed to some kind of psychiatric disability.¹

Despite the fact that psychiatry was given little formal recognition or status during World War I, out of the war experience came an increased appreciation of the contribution that mental hygiene principles could make.

¹ The figures cited above would undoubtedly have been higher had it not been for the outstanding job of rejection accomplished by the Selective Service System through its psychiatric screening process.

² Under mental ill health are included such diverse conditions as psychosis, mental deficiency, epilepsy, alcoholism, psychopathic personality, and psychoneurosis.

¹ The absence of such programs during World War I resulted in a postwar situation where three out of every five beds in the 75 Veterans Administration hospitals were occupied by patients with mental or nervous disorders, at an average cost to American taxpayers over the years of more than \$30,000 per patient. From 1923 to 1940 nearly a billion dollars was paid by the government for the care and treatment of World War I veterans with service-connected psychiatric disabilities.

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During the ensuing twenty-five years the movement advanced on a broad front. But it was not until World War II that psychiatry came into the limelight. From 1940 to 1946 great progress was made in the Army in development of (a) extensive research programs for the detection and management of the emotionally insecure; (b) new and effective techniques for treatment of mental and emotional disabilities such as brief psychotherapy, the use of intravenous sedatives for psychotherapeutic release, group psychotherapy, the use of hypnosis, modified insulin procedures, and electroshock; (c) mental hygiene education of medical officers, chaplains, and line men; (d) study of the forces that build high morale; and (e) study of the psychology of rapid convalescence and the emotional adjustment of the physically disabled. The most effective clinical attack was increasingly found to be that of the team composed of psychiatrist, psychiatric social worker, and psychologist.

The Selective Service System as early as 1940 developed a process of psychiatric screening at the induction boards which undoubtedly weeded out many psychoneurotic individuals who might have broken down in service. This program was greatly speeded up when, in 1943, social workers began to be used as medical field agents in gathering the personal histories of selectees.

As military casualties grew, the acute shortage of psychiatrists became increasingly evident. The Army was compelled to set up its own school of neuropsychiatry to undertake the training of young medical officers through brief orientation courses in psychiatry. These doctors proved generally effective, sometimes more so than the established older psychiatrists. Psychiatrists were soon functioning as therapists in the combat areas, station hospitals, embarkation points, and training centers. Their activities included mental hygiene work with individuals and groups, with remarkable results in a decrease of psychoneurotic complaints. The psychiatrist's function also included that of teacher and morale officer.

It was not until 1942 that a neuropsychiatric branch was created in the Office of the Surgeon General of the Army; and it was late

1945 before the psychiatrist-in-chief was promoted from the rank of colonel to that of brigadier general.

Mental hygiene emerged from World War II as a recognized and proved service. Much new knowledge was gained in the prevention of illness. Most of these principles are equally applicable to mental health needs in civilian life in such concrete tasks as the employment of the emotionally handicapped, the management of physical disease and disability, the selection of leaders, the maintenance of morale, the formulation of principles of first aid to the emotionally unstable to the end that mental illness may be avoided, and the use of counseling as a therapeutic technique in the hands of many people other than the limited number of psychiatrists. Out of these war experiences a wealth of literature has accrued. Methods of teaching and training have been defined, and newer and more effective treatment methods have been developed, all of which have important implications for mental hygiene in years to come.

Child Guidance and Mental Hygiene Clinics

In the 1920's the mental hygiene movement began to develop the preventive program to which it had committed itself from the very beginning. With the aid of the Commonwealth Fund, the National Committee for Mental Hygiene promoted the establishment of a network of child guidance clinics throughout the country. These were largely demonstration centers to show how psychoneuroses and behavior problems in children might be recognized and treated. In addition to educating the community in regard to emotional problems of children and their treatment, the clinics served to train future psychiatrists, clinical psychologists, and psychiatric social workers. They demonstrated the effectiveness of child guidance, with the result that most of the large cities in America established such clinics.¹

In spite of the war and the ensuing shortage of personnel, there has been an increasing demand from communities for more child guidance clinics. One factor in the demand has

¹ See *Directory of Psychiatric Clinics (infra)*.

been the marked rise in juvenile delinquency. Since training in child psychiatry is extensive and requires years of preparation, the need for more clinics may not be fully met for many years to come.

portance of unconscious motivation, recognition of the childhood period as the most important in the determining of psychoneurosis, and a specific methodology of free association as a technique. Also stressed is the patient-

COMMUNITY CLINICS IN THE UNITED STATES
BY ORGANIZATIONAL AUSPICES AND GROUPS SERVED*
May 1946

	Children Only	Adults Only	All- Purpose	School Chil- dren Only	Court Cases Only	Veterans Only	Restricted to Agency Clients	Total
Community clinics	67	22	174	16	5	12	14	310
Division of state or county gov- ernment	193	12	141	9	18	0	0	373
Veterans Administration	0	0	0	0	0	5	0	5
Total	260	34	315	25	23	17	14	688

* See *Bulletin on Psychiatric Rehabilitation (infra)*.

Prior to 1900 there were only four psychiatric clinics in the whole country. Today there are 688 mental hygiene clinics in the United States, of which 285 are for children only. Many of the others serve children along with adults, as the accompanying table shows.

During the 1930's there was a significant development of rural mental hygiene. Traveling clinics organized at the local state hospitals with staffs consisting of psychiatrists, psychologists, and social workers, visited rural centers at stated intervals, and worked closely with the schools, courts, social agencies, and churches in their dealings with problem children.

Treatment Processes

There is little uniformity of opinion as to what constitutes competent psychiatric treatment. In this country two main schools of thought have developed. The first stems from Adolf Meyer and has had wide influence in psychiatric thinking. This, the Meyerian or psychobiologic school, views man as an indivisible unit who must be studied and treated as much from the physical and chemical point of view as from the purely psychological. The second school, that of psychoanalysis, stems from Sigmund Freud, and emphasizes the im-

physician relationship, or transference, as a therapeutic tool. Psychoanalysis is a lengthy process requiring usually one hour a day, five times a week, for a minimum of one year of treatment. It is certainly the most far-reaching and thorough-going approach to a dynamic understanding of human beings yet devised.

The war brought about a closer union of the two schools of thought than had previously existed. Most psychoanalysts in the armed forces found their method impractical because it was too time-consuming, and the demands for treatment were so great that no physician could limit his working day to so small a number of patients. The result was an attempt to use the psychoanalytic principles and methods in short-term procedures and in the interpretation of mass behavior.¹

The most effective method employed in the armed services was the use of intravenous sodium amytal or sodium pentathol for the rapid release of pent-up emotions, for the reliving of the traumatic experiences, and for the bolstering of the patient's ego strength through his identification with the supporting therapist. With this method, when it was employed without delay during the acute episode in the

¹ See Alexander and others, *infra*.

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actual field of combat, it was found that 80 to 90 per cent of the acute cases so treated could be returned to active duty. The results of all forms of therapy were poorer the longer the illness had existed and the further the man was removed from the combat area. By the time the average soldier was returned to this country, the opportunity for quick therapy had rapidly dwindled.

Along with this procedure there came an increasing appreciation of the need for physiologic help in the form of immediate rest and sleep, warmth, nourishment, and fluids. An integral part of the treatment seems to lie in the maintenance of high morale and an active program of physical, recreational, and occupational therapies. The social worker is recognized as an extremely important member of the team, serving to establish liaison between the individual patient and his family and home community.

Other physical methods also proved effective in the military setting: prolonged sleep was tried with beneficial results; electroshock therapy came into greater prominence because of the dramatic relief afforded by it, particularly in states of depression and marked guilt feeling; and insulin therapy, usually in subcoma doses, proved effective in relieving anxiety and in improving the physical state.

The shock therapies have grown in importance in the past ten years in civilian experience. Insulin has been found to be specially effective in early cases of schizophrenia, while electric shock has proved useful in depressions. At the same time that state institutions have been using these therapies with good results, many of them have begun also to use parole and family care more extensively than in the past. A commission appointed by the governor of the state of New York to study these two developments reported in 1942¹ that there is every reason to believe that various types of shock therapy have been of substantial benefit to patients, and that in many cases the stay of patients in hospitals has been greatly reduced with its use. The commission also reported its conviction that it is possible

to increase the number of patients placed on parole as well as to place many patients on parole earlier. This, they pointed out, would require a careful psychiatric survey of the population of each hospital. They also recommended that a considerable number of patients be placed at board in carefully selected family homes.

Because the military needs were so great, attempts to treat individuals in groups have been revived. Group psychotherapy has gained considerable importance and is being utilized more frequently in present civilian practice, particularly in rehabilitation clinics for veterans. This consists in treating 10 to 20 individuals through a method of group sharing of experience and emotions under the guidance of a psychiatrist as leader. With proper selection of cases and in expert hands much can be expected from this method. The search for therapeutic tools has led to the use of dramatics (psychodrama), music, and art as specific therapeutic techniques.

Psychosomatic medicine has grown into major importance with its emphasis upon the role of emotions in everyday physical disease process. The American Society for Research in Psychosomatic Medicine was established in 1943 to foster this movement. An increasing number of textbooks dealing with the subject has appeared, and a growing interest in this area of medical care is evidenced by internists, surgeons, and other specialists.

Psychiatric Education

As late as 1930 some medical schools offered no psychiatric teaching. Fortunately, in the past fifteen years tremendous advances have occurred in the teaching of psychiatry to medical students so that in many medical schools today psychiatry is rated as a major subject, allotted the same number of teaching hours as surgery and medicine. This is a hopeful sign. Nevertheless, psychiatric teaching must be tremendously expanded. It has been estimated that 10,000 new psychiatrists and a similar number of psychiatric social workers are needed to provide minimally adequate psychiatric service in this country.

Hundreds of young doctors came out of the

¹ See Temporary Commission on State (N.Y.) Hospital Problems, *infra*.

armed services with a new appreciation of the contributions of psychiatry. Many more of them have sought opportunities for training in psychiatry than can be taken care of by the limited number of training facilities available. A similar interest has been manifested among civilian physicians who wish to know more about psychiatry as part of their everyday work in the general practice of medicine. A notable experiment in this kind of education was a pilot course conducted at the University of Minnesota in April, 1946, for general physicians.¹ This proved that in two weeks a simple but sound orientation in the management of emotional problems of everyday practice could be given. Other such courses are being planned.

These demands by doctors for psychiatric orientation have raised serious questions as to the methods of teaching psychiatry in medical schools. It is now recognized that insufficient time has been given to psychiatry and that frequently the point of focus and methodology have been at fault. Increasingly, it is seen, the doctors of the future must be prepared to offer simple psychotherapy for the less complicated psychoneuroses and psychosomatic problems of their patients, since only through such means can there be any hope that more than a limited percentage of the psychoneurotic individuals will receive treatment. To this end psychiatric teaching must increasingly be related to the teaching in medicine and surgery, with less emphasis upon "insanity" and less time spent in state hospitals during undergraduate training.

Following the reorganization of the Veterans Administration, programs have been developed for training of psychiatrists, psychologists, and psychiatric social workers. In some areas these programs have been taken over by the local medical colleges and under their leadership have developed into recognized residency training centers. New Veterans Administration hospitals are to be built in close proximity to central areas and medical schools, where such exist; and active research programs will be sponsored.

¹ See Commonwealth Fund, *infra*.

Psychiatric Rehabilitation

The rehabilitation of psychiatric patients received considerable postwar impetus from local attempts to meet the emotional problems of veterans in special clinical facilities and settings. This specific phase of activity, largely developed by the Division of Rehabilitation of the National Committee for Mental Hygiene, was patterned after the work of such clinics as those of the New York Hospital and the Los Angeles Rehabilitation Clinic, as well as of such individual practitioners as Kasanin, Deutsch, and Malamud. Still more recently there has come a healthy emphasis on the reabsorption of the veterans back into the community and on the provision of facilities for him that are an integral part of existent community resources. Most of the planning today is in the direction of fuller facilities for all mentally handicapped individuals, in which the veteran shares alike with civilians but without distinctive status. It is obvious that the community must take the responsibility for the psychiatric care of a considerable proportion of men with war neuroses when they are discharged from the armed forces. To be sure, many of these persons make spontaneous recoveries and are quickly absorbed in industry. On the other hand there are many who need but do not get adequate care. See VETERANS' BENEFITS AND SERVICES.

Actually little is known of the processes involved in psychiatric rehabilitation. The National Committee for Mental Hygiene, through its Division on Rehabilitation, plans to conduct a two-year study in one or two states to determine the steps involved in psychiatric rehabilitation from the time the case is first discovered to the point of gainful occupation. Such a program will require coordinated activity of all the agencies in the state involved in the process, and it must assume a large responsibility in offering training opportunities to all those individuals, professional or lay, whose activities have a bearing upon the mental health of patients.

Widespread interest in psychiatric rehabilitation has increasingly been evinced by industrial groups, ministers, universities and schools, the press, and a variety of social agencies. The

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National Council on Rehabilitation gives coordinated advice and direction to the multiple agencies working in the field of rehabilitation. *See VOCATIONAL REHABILITATION.*

National Mental Health Act

The passage of the National Mental Health Act in June, 1946, provided a national medium through which extensive mental health activities can be served. The Act authorizes the expenditure of \$7,500,000 (not yet appropriated) for the construction and equipment of hospital and laboratory buildings and facilities for a National Mental Health Institute to be operated by the United States Public Health Service as a center of mental disease research, and also provides for the training of psychiatric personnel. The Act in addition authorizes an expenditure of \$10,000,000 in federal grants-in-aid to governmental and voluntary agencies for psychiatric research and for the training of psychiatrists and auxiliary personnel needed to provide mental health services. The responsibility for the administration of the Act lies with the Surgeon General of the United States Public Health Service.

Mental Deficiency

Mental deficiency (feeble-mindedness) is the term applied to the condition of the individual who is so badly handicapped intellectually that he cannot conduct his affairs with ordinary prudence. It is a defect of intelligence dating from birth or a very early age. On the basis of severity of defect, mental defectives are classified into three major groups: the idiot, or lowest; the imbecile; and the moron, bordering on the self-sufficient. Some cases of mental deficiency are due to injuries to the brain tissues; others result from deficiencies in the development of the brain. Some of these disorders are hereditary, while in other conditions hereditary causes are remote or absent.

Mental deficiency is a social concept, and social criteria of the condition are fundamental. Other criteria, such as mental age arrived at through tests, are valid for determining mental deficiency only when they correlate with social criteria or when they are used as

one part of a study of the person's total adjustment. One of the most important means of determining mental deficiency is the use of various psychological or intelligence tests. The critical use and interpretation of tests are the special field of the clinical psychologist. For clinical purposes a modification of the Binet Test has the most widespread use. This test classifies the subject according to the age level to which his intelligence most closely corresponds (mental age). The ratio of the subject's mental age to his chronological age, that is, the per cent of expected development that he has achieved, is called his intelligence quotient (I.Q.). *See PSYCHOLOGICAL TESTING IN SOCIAL WELFARE.*

A large proportion of mental deficiency is found among delinquents. This is probably due to the fact that feeble-minded children are easily led and are very suggestible. Delinquency is frequently a result of society's failure to make adequate provision for children of limited intelligence.

Institutions for the mentally defective actually care for only about one-tenth of the total of those in the population, even in our best-equipped states. The remainder in most instances are problems for community care. This necessitates careful registration, education, and supervision.

Education of mentally deficient children is carried on to a small extent through temporary institutional placement but for the most part depends on the public schools. The larger communities provide special classes for such children, but elsewhere they are dealt with in the regular classes. While the best educational programs provide for the personality needs of the defective child, all too often the special class becomes another routine or, even worse, a "catchall" for children who are annoying. Well-ordered education for defectives aims to develop what strengths the children have and to forestall continual failure. The environmental limitations of many dull children demand also a better appreciation of the home as a factor in the education of the child. School social work especially designed to fulfill this function is at present far too limited. *See SOCIAL AND HEALTH WORK IN THE SCHOOLS.*

Institutions for mental defectives are as a rule designed either to provide custodial care or training preparatory to discharge or supervision in the community. Some children need an institution because the severity of the defect defies home care. Others have become delinquent or are otherwise disturbing and need a more controlled environment during training than exists in the community. Unfortunately, community health and welfare agencies are often inclined to seek the commitment of such children before the resources for non-institutional care have been used to their utmost. As in the case with the insane, inadequate provision is often made for the supervision of those patients who are or could be discharged from institutions.

Epilepsy

Epilepsy is a term applied to a group of disorders which are characterized by convulsions and loss of consciousness. There are two main types of epilepsy: the grand mal, in which the victim falls suddenly, loses consciousness, and has a jerking convulsion of the body; and petit mal, in which there is only a transient loss of consciousness, often without interruption of activity or an awareness of the attack. Attacks may occur in sleep for a long while before they are discovered.

The epileptic is of social significance because of the liability to self-injury and because of the irritable, aggressive personality tending to accompany the disorder and the violent outbreaks that may follow or supplant a convulsion. Some states have consequently made special provision for epileptics, either in institutions for the insane or for mental defectives, or separately.

Alcoholism

Alcoholism is now the fourth ranking health problem in America. There are one million known chronic alcoholics in this country. Between 10 and 25 per cent of all patients admitted to state hospitals suffer from chronic alcoholic conditions. Alcoholism is among the top-ranking causes of psychoses. In spite of the magnitude of the problem, few facilities exist for the treatment of alcoholics. Most alcoholic

patients land in jail or correctional institutions instead of in the hands of the medical profession. Only a minute percentage of alcoholics get any more than emergency treatment.

The largest problem lies in the provision of the proper care for the chronic alcoholic. Modern research has thrown considerable light on the types of chronic alcoholics but has discovered little as to the fundamental causes of alcoholism or as to the effective methods of treatment. Such individuals need therapy, the crux of which is psychiatric understanding, guidance, and treatment. Although the problem is generally recognized now as essentially medical, there has been no systematic attack upon it on a nation-wide basis. The most urgent need now is for a program of public education toward the prevention of alcoholism on a large scale. See ALCOHOLISM.

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THOMAS A. C. RENNIE

MIGRANTS, TRANSIENTS, AND TRAVELERS.¹ To understand the scope of the social problem presented by the mobility of people it is necessary to realize the extent, composition, and direction of migration of our civilian population in recent years. During the war period 1941-1945 more than 15,000,000 civilians, 12 per cent of our total population, changed county residence, and one-half of that number changed state residence. Civilian migration was two-thirds greater on an annual average basis than during the prewar period 1935 to 1940; wartime migrants moved long distances; and children under fourteen years of age made up nearly one-fourth of the intercounty migrants as compared to one-sixth in the prewar period.²

Generally, wartime migration was to the coasts: Pacific, Great Lakes, South Atlantic, and, to a lesser degree, Gulf. It came largely from the Mississippi Valley's agricultural areas, the Rocky Mountain area, the area between the Great Lakes and the Pacific Coast, and the overpopulated East, particularly New York and Pennsylvania. The greatest interstate migration was to the Pacific Coast states: California, Oregon, and Washington. The District of Columbia, Illinois, Indiana, Maryland, Michigan, Ohio, and Virginia, also showed net population increases. Considerable intrastate migration from farm to industrial coastal areas took place in Alabama, Louisiana, Mississippi, North Carolina, and Texas, although there was a net decline in each state's population. Five million of the farm population moved to northern and western cities and to newly developed southern industrial areas.

The war not only continued but greatly ac-

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

² U.S. Bureau of the Census. *Civilian Migration in the United States: December 1941 to March 1945*. Population—Special Reports, Series P-S No. 5. 7 pp. September 2, 1945.

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celerated the migration trends which had been in evidence for decades. Migration generally proceeds from areas of lesser to areas of greater economic opportunity. The net result is to bring people to places which afford better chances for gainful employment. The nature of our postwar economy, and especially the degree of speed and success of industrial conversion to peacetime production, will determine migration patterns for some time to come. Migration will continue to be a means by which our citizens find and equalize opportunity. See EMPLOYMENT PLANNING.

Services to Transients and Migrants

During the nation-wide depression beginning in 1929 there was a rapid rise in the number of unemployed persons moving in search of work. Many needed financial assistance, placing a heavy burden on governmental and voluntary agencies. In 1932 a group of these agencies formed the Committee on Care of Transient and Homeless, active to June, 1938, when it became the Council on Interstate Migration, since dissolved. The National Travelers Aid Association was a prime mover in the work of the Committee and the Council.

In August, 1933, a federal transient program was set up under the Federal Emergency Relief Administration. State camp, shelter, and service facilities were provided, and these were operated with federal funds. At the program's peak in October, 1934, 47 states and the District of Columbia had transient bureaus and camps in operation. From August, 1933, through January, 1936, federal transient assistance amounted to \$86,425,031, including \$8,456,975 for plant and equipment. The highest monthly census enumeration was that of February, 1935, when 300,460 persons were under care. The program defined a transient person as one who had been within state boundaries less than one year. Studies found that transients under care were moving primarily in search of employment and that they constituted a representative cross-section of the population. The program was liquidated on January 1, 1936, after intake had been closed September 20, 1935.

No uniform nation-wide system of record-

ing nonresident applicants for assistance has existed since the discontinuance of the federal transient program. Many local and a few state committees and a number of interested individuals have continued activities, such as securing information on current problems of transiency and migration, helping to maintain existing resources, keeping communities aware of the problem, and working for corrective state and federal legislation. Some local committees have been revived after a period of inactivity during the war. The committee in San Francisco, in an attempt to avoid resistance to the term "transient," is called the Committee on Community Resources for Newcomers. A national focus for social work's concern with the condition of migrant people was afforded from 1939 to 1945 by a special Committee on Interstate Migration of the National Conference of Social Work.

In 1940 a committee of the House of Representatives, headed by Congressman John H. Tolan of California, was created "to investigate the interstate migration of destitute citizens." Much testimony was taken from representatives of voluntary social agencies and others, and was later published in 10 volumes of hearings. The Committee's report to Congress entitled *Interstate Migration (infra)* recommended legislation or appropriations under three headings: (a) to care for migrants while they are pursuing a job either in agriculture or in industry, (b) to care for potential migrants in agriculture, and (c) to care for migrant families who are trying to get a new start and for whom a return to their point of origin is not a feasible solution.

The Tolan Committee held that migration was symptomatic either of problems of displacement in agriculture or of unemployment in industry. It designated three groups of affected persons: potential migrants, removal migrants, and habitual or seasonal migrants. The Committee found that many people, setting out in search of a new beginning elsewhere, had been unable to settle down and so had joined the ranks of habitual migrants, following seasonal employment in agriculture and industry. By the Committee's definition

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the transient problem merges with that of the migratory problem.

By the end of 1940 the problem of the destitute migrant began to be overshadowed by other and different problems arising from defense migration. The new migrant group, usually successful in its search for jobs, required little public assistance but encountered a great dearth of other community facilities in all parts of the country. The Tolan Committee, reconstituted in March, 1941, as the Select Committee Investigating National Defense Migration (see *infra*), held hearings and published more than 20 volumes of testimony concerning this situation. It issued five interim reports, calling upon Congress to provide additional community facilities and urging the establishment of a national employment service and a national farm placement service (later established by executive order). Stressing the human and economic waste of unnecessary and unplanned migration, the Committee emphasized that only an adequate plan for use of the nation's production resources—including men, machines, and material—could be expected to prevent unnecessary migration and its attendant problems. While no major congressional legislation was enacted as a direct outgrowth of the Committee's work, the reports and recommendations were utilized by various governmental agencies in planning their programs and services.

A Federal Interagency Committee on Migrant Labor was established in May, 1946, under the sponsorship of the Retraining and Reemployment Administration of the United States Department of Labor. This Committee is composed of representatives of federal agencies directly interested in living and labor conditions of migrant workers in industry, transportation, and agriculture. Agencies represented on it are the Department of Agriculture, Department of Labor, Federal Security Agency, National Housing Agency, and the Railroad Retirement Board. The Committee is concerned with the traditional conditions under which permanent migrants have worked—irregular recruitment and employment, low wages and their attendant effects,

child labor, lack of educational opportunity, poor health, and low living levels.

In New York a state interdepartmental committee, appointed by the governor in 1942, and later a special committee of the State War Council, appointed in 1945, recommended major improvements in that state's camps for migrant agricultural workers. These camps are owned by employers but are supervised and licensed by the State Department of Public Health. The committee's recommendations included strict enforcement of the sanitary code; expanded health services; adequate child care programs; enforcement of child labor laws in agriculture; annual registration of labor contractors; correction of unfair and illegal labor practices; assistance to camp operators to insure proper camp management and labor relations, construction and remodeling, group feeding, management of farm labor cooperatives, and labor utilization and training; and the appointment of a continuing committee. Laws and appropriations to carry out the recommendations were passed and are now in effect. The Consumers League of New York, interested in migrant problems since 1930, conducted field surveys of migrant camps in 1944 and 1945, and assisted in generating public opinion.

Services to Travelers

Passenger transport by train, bus, and airplane increased from 421,462,000 passengers in 1934, with an average trip of 53 miles, to 572,728,000 in 1940, with an average trip of 56 miles. In 1944 it reached a total of 1,560,317,000 passengers, three times the annual average of the 1934-1940 period. The average trip in 1944 was 81 miles in length. Part of this increase was due to war travel, particularly of men in uniform and their families who followed them from camp to camp, and to the curtailment of automobile travel. The high rate of passenger travel is expected to continue for the next few years.

Of all travelers journeying by train, bus, car, airplane, or boat, and whose trips are financed personally or by parents, relatives, or prospective employers, a certain number encounter circumstances which cause them to need the

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services of a social agency. These services may be information, direction, travel service, or social case work.

Community facilities for assisting travelers are usually located at points through which the greatest number of persons in need are likely to pass—railway terminals, steamship piers, bus terminals, and airports. Here interviews are held to determine whether a plan can be worked out quickly or whether greater service over a period of time must follow.

The Travelers Aid Societies of the larger American communities have given exclusive attention to travelers since late in the nineteenth century. At first their work was primarily the protection of young girls who traveled by train, but experience soon proved that no one among travelers is exempt from emergency trouble, and the scope of activities was broadened accordingly. During 1946, organized Travelers Aid Societies operated in approximately 100 of the larger cities (their work covering over 500 surrounding communities) while cooperating representatives gave travelers' aid service in more than 1,000 other communities. Other voluntary social agencies, such as local chapters of the American Red Cross, family service agencies, and Young Women's Christian Associations, give aid to travelers where an organized Travelers Aid Society does not exist. Some departments of public welfare also render assistance to travelers.

During the war the National Travelers Aid Association, in addition to expanding its traditional services, became one of the six member agencies of the United Service Organizations, Inc. (USO). In this connection 181 Travelers Aid Service Units and 165 Lounges for Troops in Transit were established to provide professional case work and other services to the unprecedented number of wartime travelers, including servicemen. Since V-J Day there has been a gradual decrease in these services. From 1941 through 1945, expenditures for all local and national Travelers Aid services totaled \$14,164,960, of which \$6,708,859 was spent in connection with the USO program.

In cities which are ports of entry to the United States, Travelers Aid Societies are pre-

pared to give special service in caring for immigrants and repatriated Americans. Other groups such as International Institutes, the National Council of Jewish Women, and the National Catholic Welfare Conference also render services to newcomers to this country.

Transient Veterans

Following all our major wars, numerous veterans have used transiency as a needed safety valve for restlessness and other problems they must face in readjusting to civilian life. An Army survey of the postwar plans of soldiers, made in 1945, indicated that about 80 per cent intended at that time to return to their native states, 10 per cent intended to move to another state, and 10 per cent were undecided. This suggests that more than a million servicemen may change residence in the total reconversion period. The major part of the expected movement will be to the Pacific Coast and, to a lesser degree, to the Northeast. The South will suffer the greatest loss in the expected migration pattern.

While only a small part of the total group of veterans who move will need or seek services from social agencies, it is important that communities be prepared with facilities for meeting such needs as are presented to them. The National Committee on Service to Veterans of the National Social Welfare Assembly lists four main groups of transient veterans who may need the help of a local social agency:

Those who wish to remain in the community permanently.

Those who have come for a limited time to receive or seek medical care or educational benefits.

Those passing through a community enroute to a definite destination who encounter unexpected emergencies.

Those who seem to be aimless in their transiency. (For this group case work service of high quality is needed.)

Causing the transiency of veterans may be physical or mental disabilities, personal maladjustments, difficulty in adjusting to civilian life, need for assistance in presenting claims, and problems of education, vocational rehabili-

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tation, and employment. *See* VETERANS' BENEFITS AND SERVICES.

Settlement Laws

The principle of settlement holds that each community is responsible for care of its own members and should not bear the cost of care for needy nonresidents. Designed to immobilize labor in the static agricultural economy of England some three hundred years ago, settlement became part of the English Poor Laws and its principles migrated to this country with our colonists. These principles are still apparent in our settlement laws despite the fact that in the United States today a mobile labor supply is demanded by our economic, industrial, and agricultural systems. Our settlement laws now serve to restrict the giving of assistance to nonsettled persons rather than to carry out the original intent of fixing responsibility for their care on a given locality.

Settlement lost by migrant workers at the time of their first move is not easily gained elsewhere. There is wide variation in the various states' settlement requirements and a general trend toward increasing the length of residence needed for eligibility for general public assistance. It is this latter form of aid, financed entirely by state or local funds, upon which most migrants must depend when in need of financial assistance. The migrant aged, needy blind, and dependent children may look for assistance within the social security programs which, with federal as well as state financial participation, generally have more liberal residence requirements.

State settlement laws often adversely affect persons who are not newcomers to a community. Local or even township residence is required in many states, where even a self-supporting individual who has never left the state has no settlement if he has not remained a stated length of time in one community. In other states, members of a family take the settlement status of the husband or father. A wife and children remaining at home while the breadwinner seeks employment elsewhere may thus lose settlement even with lifelong residence in a community.

In contrast with the general provision for newer residents, it is interesting to note that at the introduction of the federal social security program only one state set its minimum residence requirements for old age assistance at less than the maximum permitted by the Social Security Act, while in 1946, 21 states required less than that maximum.

As of May 1, 1946, 4 of the 51 states¹ had no statutory residence requirements for old age assistance, 7 states had none for aid to dependent children, and 5 states none for aid to the blind. Of the 47 states with statutory requirements for old age assistance, 30 had some variation of the maximum state residence requirement permitted under the Social Security Act, which is five years out of the last nine years prior to application including the last year; 2 states required three years' residence; 1 state required two years; and 14 states required one year. Of 43 states with statutory residence requirements for aid to dependent children, all required approximately one year's residence. In aid to the blind 42 states had a statutory residence requirement. Of these, 24 states specified some variation of the maximum permitted under the federal Act; 2 required three years' residence; 2 states required two years' residence; and 14 required one year. Eighteen states waive all residence requirements if the individual became blind while residing in the state. In some few instances, states which have no statutory residence requirements have set up such requirements by agency rulings.

State legislatures have shown their concern with the handicaps of settlement laws. In 1943 Rhode Island became the first state to abolish all settlement requirements in all categories; in that state need is now the only test for eligibility. In 1945 many state lawmakers considered settlement law changes. Pennsylvania, willing to abolish settlement if other states will do likewise, considers nonresidents eligible for assistance provided their previous residence has been in a state which grants assistance to applicants without regard to residence. New York, in 1946, eliminated settlement provi-

¹Including Alaska, the District of Columbia, and Hawaii.

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sions and requires only that applicants be residing in the state. Delaware, Iowa, Massachusetts, Michigan, and Wyoming in 1945 joined those states which permit payments to recipients living out of the state. Some states enacted laws which allow more freedom to move within the state without loss of settlement.

For half a century various attempts have been made to negate the inequalities arising from settlement requirements. Three major proposals for working within the framework of existing settlement laws are: a uniform settlement law in all states, interstate compacts, and a federally financed assistance program for nonresidents.

Uniform settlement laws would require a one-year period for gaining residence in each state, with settlement retained in one state until gained in another. Proposed as early as 1898, this plan has had considerable support among social work and other groups, but only a few states have enacted such a law. The disadvantages of this plan include the difficulties of obtaining uniform administration and interpretation by all state welfare agencies and state attorneys general, and elimination of legal precedents already embodied in court decisions on settlement. There would still remain the necessity for residence investigation of every applicant, an expensive administrative process.¹

Reciprocal agreements (interstate compacts) among the states have also been proposed as a palliative for the restrictiveness of settlement laws. These agreements would allow a state to offset its settlement requirements on a reciprocal basis with another state. State-enabling legislation is necessary for such agreements. Experience with this method has proved discouraging: 11 states have passed the necessary enabling legislation, but less than half of them have actually made reciprocal agreements, and some states have repealed the laws.

¹ It has been estimated that residence investigation accounts for 11.6 per cent of the total time spent by the social worker on investigation of eligibility, and 18 per cent of the over-all proportion of time by the entire staffs of local welfare offices. See Jackson, *infra*.

Establishment of an assistance program for nonresidents for which 100 per cent of the costs would be provided from federal funds, with eligibility determined by the states, has been advocated as another means of meeting the needs of people while retaining state settlement laws. The Social Security Board¹ has considered this plan infeasible, pointing to the question of whether assistance would be based on federal or state standards. Experience in the federal transient program showed that a dual standard of care cannot be administered successfully. However, state standards need not necessarily apply because such a program presupposes that the recipients are a federal responsibility. Another disadvantage of this plan arises from classifying people as nonresidents, segregating them as "outsiders" and thereby hampering their integration into community life. Expensive residence investigations would not be lessened and might be increased in state efforts to prove applicants' eligibility as nonresidents, whose support would be entirely a federal charge.

Growing support has been given the thesis that complete abolition of all settlement requirements is the logical solution of the problem. The American Public Welfare Association, composed primarily of state and local welfare administrators, in 1945 changed its position from that of recommending a one-year settlement requirement to strong support of complete abolition. The American Association of Social Workers at its 1946 Delegate Conference reiterated its appeal for removal of settlement requirements for public assistance. The Social Security Board, the Council of State Governments, and the Conference of Northeastern States on Social Welfare and Relief have urged elimination of settlement.

States are hesitant about abolishing their settlement laws, fearful that removal of what is thought to be their protective value would permit or even encourage an influx of indigent persons into states which have high assistance

¹ The Social Security Board was abolished in July, 1946, by the President's Reorganization Plan No. 2 and its functions transferred to the newly constituted Social Security Administration.

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grants or a favorable climate.¹ Rhode Island, which abolished settlement three years ago, reports such fears have proved groundless in that state. Some states with inadequate welfare funds believe their assistance should be limited to residents.

Abolition of settlement requirements by most individual states on their own initiative appears unlikely under present conditions. In view of this, many leaders in social work and other fields now urge that the federal government assume leadership in dealing with the settlement problem by establishing a general assistance category under the Social Security Act. This would provide federal-state funds for nonresidents as well as others who fall outside the present categories. A complementary recommendation is that a system of variable grants be established, thus providing a proportionately larger share of federal funds for states with inadequate state funds. With security thus provided for states which would be most heavily burdened should settlement laws be abolished, elimination of all settlement requirements could be made a condition for states to receive federal grants-in-aid. See PUBLIC ASSISTANCE.

The right of a person to move freely from state to state was upheld by the United States Supreme Court in 1941, when it rendered a decision in the case of *Edwards vs. the State of California*. The Court states this right "is an incident of national citizenship" protected by the Constitution against state interferences. Further, barriers set up by states to block this free movement "would prevent a citizen because he was poor from seeking new horizons in other states. It might thus withhold from large segments of our people that mobility which is basic to any guarantee of freedom of opportunity."

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² For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

National Associations in Social Work

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NATIONAL ASSOCIATIONS IN SOCIAL WORK. National associations constitute an important aspect of the organization of social welfare services in the United States. They function in all fields of social work—family service, child care, leisure-time services, social welfare planning. Most local agencies are related to some national organization and their work is affected by policies and plans developed on the national level. The national associations have become influential channels for the development of objectives and policies, for the formulation of standards, for exchange of experience, and for expansion of services in different functional fields. See COMMUNITY ORGANIZATION IN SOCIAL WORK. They occupy an influential position in relation to their local member agencies, to local social welfare planning bodies, and to other national organizations. The list of national organizations in Part Two of this volume includes 79 governmental and intergovernmental agencies, and 442 national and international voluntary organizations, whose functions are in or closely related to the field of social work.

National associations in social work have developed over a considerable period of years. For example, the Society of St. Vincent de Paul was started in America in 1845. The first national convention of the Young Men's Christian Associations was held in 1854. The Salvation Army started work in the United States in 1865. The first national conference of the Young Women's Christian Associations was

held in 1871, and the American National Red Cross was organized in 1881. The largest number of national associations, however, were organized between 1900 and 1920. Twenty-one, all having local member units, were organized during these two decades. Since 1921, however, the number of national interagency bodies, councils, and cooperative operating bodies which have been created has exceeded the number of new individual national agencies. In the past quarter century, from 1920 to 1945, numerous national interagency bodies have come into being.

Variations Among National Associations

National associations differ greatly from each other. Many of them originally developed as federations of already established local agencies. National meetings, called on the initiative of local leaders, were held for the purpose of exchanging local experience. No authority over local units was at first given to these national federations. Several national agencies, on the other hand, created their national organization before local affiliates were organized. The local units were established by and in accordance with regulations developed by the national organizations. Both of these patterns have become modified over the years, but they have continued to exert a decided influence on national-local relationships.

National associations in social work differ in other ways. They differ in size and resources. In one recent study¹ it was noted that the national agencies which were studied varied, in the number of local units they reported, from 49 to 3,757. The organizations having memberships varied in size from approximately 25,000 members to nearly 2,000,000. Financial resources, as represented by investment in plant and equipment, varied from a few thousand dollars to over \$250,000,000. In annual expenditures, the associations ranged from approximately \$20,000 a year to nearly \$1,500,000 a year. The number of professional national staff members varied from 2 to over 100. National social work associations also differ in their purposes to a considerable degree. They

¹ See Johns, *infra*.

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differ, too, in their form of organization, in their traditions, and in the attitudes their leaders take toward other kindred organizations.

A variety of national-local relationships has prevailed among national associations. In general, these relationships can be classified in three fairly distinct groups.

1. Agencies with a high degree of national control over their local member units. In these agencies the form of both local and national organization and the content and method of services and program are largely determined nationally. Only limited opportunity is provided for adaptation to local conditions and needs. National manuals are closely followed. The nationally determined standards are maintained by granting or withholding charters, providing or not providing field services, and by restricting the participation of local workers in pension plans and personnel services to those employed by accredited local units.

2. Agencies with mixed national-local control. Here, the national policies are ordinarily set by regular legislative assemblies of official representatives of local units. Local units have considerable discretion in adapting national policies and plans. National officials provide leadership in identifying issues and providing data on national problems facing the association; and they supply technical service on local problems.

3. Agencies where a high degree of control resides in the local units. National meetings of these agencies are devoted primarily to discussion of mutual problems and exchange of local experience. Relatively little provision is made for joint setting of national policies or procedures. Occasionally recommendations on current problems are made to local units, but no provision is made for requiring adherence to any national actions. Local variations of practice abound.

Combinations and variations of these three general types of national-local relationships exist. In general, the pattern of mixed national-local control seems to be emerging as the prevailing basis of relationship. Cooperative establishment of national policies and plans by

authorized representatives of local units, with national leadership and administration assigned to national officials, combined with a sense of mutual accountability, seems to be evolving as the more generally accepted practice.

Cooperative Relationships

Cooperation among national associations in social work has existed for many decades. It began on an informal basis, as personal relationships developed among many of the national agency executives. As early as 1910, a group of national agency executives were meeting periodically to share information and discuss mutual problems.¹ During the latter part of World War I, a number of national organizations financed their war services through a joint national campaign, the United War Work Campaign.

In 1921 the National Health Council was formed. The National Social Work Council was organized in 1922, after nearly two years of informal meetings of a group of national agency executives. Cooperation expanded during the 1920's, and the depression years further stimulated cooperative relationships among the national associations. The Committee on Care of Transient and Homeless, which existed from 1933 to 1938, coordinated the work of a number of agencies concerned with people on the move. The National Education-Recreation Council was organized in 1933, after representatives of leisure-time agencies had been asked by federal officials to formulate a program for unemployed youth. A joint study of the services and support of 11 national agencies² was made in 1939.

Cooperative relationships were greatly accelerated during World War II. The United Service Organizations, Inc. (USO), American War Community Services, Associated Youth Serving Organizations, National Committee on Service to Veterans, National War Fund, American Council of Voluntary Agencies for Foreign Service, and other joint enterprises developed.

The cooperative ventures of World War II

¹ See Richmond, *infra*.

² See National Social Work Council, *infra*.

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involved significantly close relationships among national agencies. The USO was an important experiment in close, continuous operating relationships among six quite different agencies. It represented more than joint fund raising. Joint planning to determine the distribution of services, the policies under which they would be operated, definite accountability to each other and to the coordinating body they created, became integral parts of the cooperative process. Joint distribution of services where they seemed most needed regardless of the adequacy of local financial resources, became possible. Close working relationships were developed with governmental officials and with local community leaders.

In the American War Community Services, joint consideration of the needs of communities especially affected by war conditions, and consultative services to such communities by teams of workers from several agencies, became a definite part of their regular procedure. In the Associated Youth Serving Organizations, specific planning together by the representatives of the seven member agencies was done for the purpose of improving and extending services to youth. The National Committee on Service to Veterans has included representatives of 19 welfare, veterans', and labor organizations, giving direct service to veterans in communities. It has maintained liaison with the Veterans Administration and has published materials on veterans' housing and employment needs.

The relationships established by these interagency groups created in wartime, together with those of agencies concerned with foreign relief, may definitely influence interagency relationships in the future.

The National Social Welfare Assembly

Among the more important recent developments among national associations in social work was the reconstitution during 1945 and early in 1946 of the National Social Work Council as the National Social Welfare Assembly. The purposes were expanded to "provide leadership and facilities for individual members to plan and act together in matters of common interest," as well as to "provide a

means of consultation and conference on social welfare needs and problems," according to the new constitution. Provision was made for lay as well as professional representation and participation, with local as well as national representation. Steps were taken to bring about close coordination of the different national, interagency bodies, such as the National Health Council, National Education-Recreation Council, Social Case Work Council of National Agencies, National Publicity Council for Health and Welfare Services, Associated Youth Serving Organizations, National Committee on Service to Veterans, and others, should they desire to become more closely related.

By October, 1946, 44 national voluntary and governmental agencies had become affiliated with the Assembly. The National Education-Recreation Council had become the Education-Recreation Council of the National Social Welfare Assembly, with staff service provided by the Assembly. The Social Case Work Council of National Agencies had become the Social Case Work Council of the National Social Welfare Assembly. The National Committee on Service to Veterans and the Service Cooperation Committee of the former American War Community Services had established a similar relationship. The National Health Council, while retaining its corporate entity, became recognized as the Health Division of the Assembly with provision for coordination of the activities of the Council and the Assembly through the executives of each. An expanded budget was adopted, with increased foundation and member agency support, and enlarged staff service was provided. The Associated Youth Serving Organizations became an associate group of the Assembly in July, 1946.

The 44 organizations affiliated with the National Social Welfare Assembly (as of October, 1946) are listed below.

National Social Welfare Assembly

American Association of Medical Social Workers
American Association of Psychiatric Social Workers
American Hearing Society
American National Red Cross
American Public Welfare Association

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American Social Hygiene Association
Boy Scouts of America
Boys' Clubs of America
Bureau of Old-Age and Survivors Insurance, Federal Security Agency
Bureau of Prisons, United States Department of Justice
Bureau of Public Assistance, Federal Security Agency
Bureau of Research and Statistics, Federal Security Agency
Camp Fire Girls, Inc.
Child Welfare League of America
Children's Bureau, Federal Security Agency
Community Chests and Councils, Inc.
Council of Jewish Federations and Welfare Funds
Extension Service, United States Department of Agriculture
Family Service Association of America
Federal Council of the Churches of Christ in America, Department of Christian Social Relations
Federal Public Housing Authority, National Housing Agency
Girl Scouts
National Association of Legal Aid Organizations
National Board of the Young Womens Christian Associations
National Child Labor Committee
National CIO Community Services Committee
National Conference of Catholic Charities
National Council of the Young Men's Christian Associations
National Federation of Settlements
National Foundation for Infantile Paralysis
National Jewish Welfare Board
National Organization for Public Health Nursing
National Publicity Council for Health and Welfare Services
National Recreation Association
National Safety Council
National Society for the Prevention of Blindness
National Travelers Aid Association
National Tuberculosis Association
National Urban League
Office of Vocational Rehabilitation, Federal Security Agency
Public Health Service, Federal Security Agency
Retraining and Reemployment Administration, United States Department of Labor
Salvation Army
Veterans Administration

Other National Interagency Councils

Four other national interagency councils closely affiliated with the National Social Welfare Assembly exert an important influence on national agency relationships. The member agencies of each are listed herewith.

National Health Council

*American Association of Medical Social Workers
American Cancer Society
American Diabetes Association

*Also member of National Social Welfare Assembly.

American Epilepsy League
American Eugenics Society
*American Hearing Society
American Heart Association
*American National Red Cross
American Nurses' Association
American Public Health Association
*American Social Hygiene Association
*Children's Bureau, Federal Security Agency (Advisory)
Conference of State and Provincial Health Authorities of North America
Maternity Center Association
National Committee of Health Council Executives
National Committee for Mental Hygiene
*National Organization for Public Health Nursing
*National Safety Council
*National Society for the Prevention of Blindness
*National Tuberculosis Association
Planned Parenthood Federation of America
*Public Health Service, Federal Security Agency (Advisory)

Education-Recreation Council of the National Social Welfare Assembly

American Association of Group Workers
American Association of Museums
American Federation of Arts
American Library Association
*American National Red Cross
Associated Youth Serving Organizations
*Boy Scouts of America
*Boys' Clubs of America
*Camp Fire Girls, Inc.
*Children's Bureau, Federal Security Agency
*Community Chests and Councils, Inc.
Conference of Professional Schools of Recreation and Group Work
*Extension Service, United States Department of Agriculture
Farmers Home Administration, United States Department of Agriculture
*Federal Council of the Churches of Christ in America, Department of Christian Social Relations
Federal Housing Administration, National Housing Agency
*Federal Public Housing Authority, National Housing Agency
Fish and Wildlife Service, United States Department of the Interior
Forest Service, United States Department of Agriculture
*Girl Scouts
Knights of Columbus, Boy Life Bureau
*National Board of the Young Womens Christian Associations
National Catholic Welfare Conference
*National Conference of Catholic Charities
*National Council of the Young Men's Christian Associations
National Education Association of the United States
*National Federation of Settlements
*National Jewish Welfare Board
National Park Service, United States Department of the Interior

National Associations in Social Work

*National Recreation Association
Office of Education, Federal Security Agency
*Salvation Army
Society of Recreation Workers of America
United Service Organizations

Social Case Work Council of the National Social Welfare Assembly

*American Association of Medical Social Workers
*American Association of Psychiatric Social Workers
American Christian Committee for Refugees
American Federation of International Institutes
*American National Red Cross
Association of the Junior Leagues of America
*Child Welfare League of America
Episcopal Service for Youth
*Family Service Association of America
International Migration Service
*National Board of the Young Womens Christian
Associations
National Probation Association
*National Travelers Aid Association
United Service for New Americans

Associated Youth Serving Organizations

*Boys' Clubs of America
*Camp Fire Girls, Inc.
*Girl Scouts
*National Board of the Young Womens Christian
Associations
*National Council of the Young Men's Christian
Associations
*National Federation of Settlements
*National Jewish Welfare Board

Types of Cooperative Effort

A number of distinct types of cooperative effort among national associations in social work may be identified.

1. *Discussion of common problems.* The most generally practiced and accepted cooperative practice among national agencies is the discussion of matters of common interest. For years representatives of national agencies have met together, listened to presentations on common problems and developments, and shared information. The interagency councils and continuing committees have been primarily conferring bodies, although joint action has resulted on certain occasions, especially during the depression and war years.

2. *Joint interpretation.* Interagency interpretation has increased in recent years, supplementing that of individual agencies. The first major effort at joint interpretation, aside from that done in the united war work cam-

paign of 1918, was the United Educational Program in 1932. The inevitable emphasis on relief needs during the depression years made joint interpretation of other social welfare services seem necessary. The effort was only partially successful, because of limited funds for additional staff, but the annual Mobilization for Human Needs publicity program, under the direction of Community Chests and Councils, Inc., proved an effective channel for cooperative emphasis on social needs and services. Joint interpretation at the national level was developed in the USO campaigns and in the succeeding National War Fund campaigns. The "Here's to Youth" radio series, in 1944 and 1945, presented by 11 national youth-serving organizations, also emphasized the potentialities of effective, joint national interpretation of social welfare needs. See PUBLIC RELATIONS AND EDUCATION IN SOCIAL WORK.

3. *Consultation with federal officials.* Joint consultation with federal officials increased during depression years and expanded greatly in the war years. Through the various national councils, the USO, and other interagency groups, information was supplied and proposals outlined. Such cooperation is likely to expand further in the future.

4. *Joint fund raising.* World War II brought about expansion of joint financing of national agency services. The USO conducted two national campaigns to finance the services of its six member agencies. Later the National War Fund secured funds, in cooperation with local community chests, for practically all war services in the United States and abroad, except those of the American Red Cross. The possibilities of national joint financing of certain postwar services have been under serious consideration, especially for the equalizing of services of voluntary health agencies, of services in disadvantaged sections of the country, and of services to the peacetime military forces. See COMMUNITY CHESTS.

5. *Agreements between agencies.* Agreements between national social agencies have become one of the major methods for establishing cooperative relationships. Among these are the agreements developed by the American

*Also member of National Social Welfare Assembly.

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Red Cross with a number of national voluntary and governmental agencies; the agreements of the Boy Scouts of America, the Girl Scouts, and the Camp Fire Girls, Inc., with a group of civic, educational, and fraternal agencies, for the expansion of their work; and the agreements defining the relationships among agencies serving moving people, known as the "transportation agreements." Several different types of agreements are represented in this group, all constituting an important method of establishing interagency relationships.

6. *Experimental interagency field services.* The first definite efforts to experiment with interagency field services to local communities occurred in the mid-1920's under the auspices of the National Health Council and the National Social Work Council. Further experimentation occurred in the depression years under the auspices of the National Education-Recreation Council. Joint field services were developed much more extensively during World War II by both the American War Community Services and the USO. In both organizations, teams of field workers visited certain communities when necessary. Local plans were developed jointly between agencies and with local representatives. "Trouble spots" were studied and treated together.

7. *Working together on personnel matters.* National associations have experimented to some degree in recent years with joint consideration of personnel matters. The Wartime Committee on Personnel in the Social Services, established in 1943 by the national organizations of professional social workers and now known as the National Committee on Personnel in the Social Services, cooperated with the Office of Community War Services and the War Manpower Commission in developing job definitions for use of national governmental and voluntary agencies. The six USO agencies outlined basic personnel requirements for workers in their war services. Later they developed a combination of agency and interagency orientation and refresher courses and institutes.

Other Important Recent Developments

Several cooperative organizations to provide services to foreign countries developed as World War II ended. Central Location Index, Inc., was established in August, 1944, to serve as a joint international social service exchange. A group of 24 social welfare, religious, and labor organizations formed the Cooperative for American Remittances to Europe in the fall of 1945. The Council of Relief Agencies Licensed for Operation in Germany was organized early in 1946. See INTERNATIONAL SOCIAL WORK.

A Conference on Unfinished Business in Social Legislation was held in Washington, D.C., on May 1 and 2, 1946, called by 11 national organizations. Over 500 delegates from 81 cities and 33 states heard legislative leaders and key administrators analyze pending legislation and then conferred with their own representatives on Capitol Hill. See SOCIAL ACTION.

The organization of the National Health and Welfare Retirement Association has provided, on a cooperative basis, needed coverage for workers in all health and welfare agencies. The plan is a necessary supplement to those previously established by certain national agencies for their own workers. The new plan makes coverage available to all health and welfare workers, in small and large agencies, and provides protection for workers who transfer from one agency to another.

A Committee on Income Procedure of National Membership Organizations (now under the sponsorship of the National Social Welfare Assembly) was established by seven national associations in 1945 to review and interpret their income procedures. Differences in agency practices of financing their services, and differences in the requested basis of local support of national agency services, had developed. In 1946 a National Budget Committee was set up under the sponsorship of Community Chests and Councils, Inc., to review and recommend the budgets and program of those national agencies which request such a review.

National associations in social work, individually and jointly, have been reviewing

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their services and their methods critically in terms of the needs emerging in the wake of World War II. In such reviews, recent developments, such as the following, will undoubtedly exert considerable influence: (1) Closer and more varied relationships have developed among national agencies. (2) Increasingly close and more effective relationships with federal government agencies have been established. (3) Greater emphasis is being placed, nationally, on lay participation. (4) National-local relationships have been strengthened.

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RAY JOHNS

OLD AGE AND SURVIVORS' INSURANCE. The end of 1946 brought the completion of the first ten years of operation of the old age and survivors' insurance program, established under the Social Security Act. As the program goes into its second decade, it is possible to evaluate the extent to which the objectives of the program are being attained, and to foresee what future developments in the program must be if it is to meet those objectives more adequately in the postwar years ahead.

Nature of the Program

The federal old age insurance program was established in 1935, when the Social Security Act was originally adopted, but was materially changed by amendments adopted by Congress in 1939. The amended program, in contrast to the original one, emphasizes adequacy of benefit payments more than a strictly equitable return to each worker of his own contributions. This changed emphasis was reflected in three principal provisions of the amended program. First, monthly insurance benefits began in January, 1940, rather than in January, 1942, as originally provided. Second, benefits were provided for the aged wives and young children of retired workers, as well as for the workers themselves, and for the surviving widows, orphans, and aged parents of deceased workers. Third, the formula by which benefit amounts are determined was revised to provide larger incomes for workers retiring in the early years of the program.

The present program covers most workers employed in commerce and industry. The chief types of employment not covered are self-employment, agricultural employment, domestic service, employment for the federal government—both civilian and military—and

¹ For addresses of periodicals listed, see Appendix A.

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for state and local governments, employment for railroads, and employment for nonprofit religious, charitable, and educational organizations.

The eligibility requirements for old age and survivors' insurance benefits are designed to establish that the wage-earner was attached to covered employment for a substantial proportion of his working lifetime after the program started. Any of the various types of benefit provided under the program may be payable if the wage-earner spent, roughly, at least half of his working lifetime after 1936, or at least ten years, in covered employment. If he has not fulfilled either of these requirements, certain types of survivor benefits may nevertheless be payable if he worked in covered employment for, roughly, one-half of the three years before his death.

The amounts of the benefits payable under the program are based chiefly on the "average monthly wage" of the worker, computed over his entire working lifetime after the program started. The primary insurance benefit, which is the amount payable to a retired worker, is computed by taking 40 per cent of the first \$50 of the worker's average monthly wage and adding 10 per cent of the next \$200. The result is increased by 1 per cent for each year in which the worker is paid wages of at least \$200.

The aged wife of a retired worker may receive a monthly benefit equivalent to 50 per cent of her husband's primary benefit; the aged widow, or the widow having a child of the worker in her care, 75 per cent of the primary benefit; and each child or aged dependent parent, 50 per cent. The minimum monthly benefit payable to a single individual or family is \$10; the maximum monthly payment is \$85 a month, 80 per cent of the worker's average monthly wage, or twice the primary benefit, whichever is the least. Where no monthly benefits are payable, a lump-sum death payment may be made to the spouse, children, or parents of the deceased insured worker, or to the person who paid his burial expenses.

The benefits are financed by taxes levied at equal rates on employers and employees cov-

ered under the program. The taxes apply to the first \$3,000 of the employee's wages in any one year. The original Act provided that the taxes would start at 1 per cent each in 1937, and would increase 0.5 per cent every three years until they reached 3 per cent each in 1949. However, the tax rates have been "frozen" at 1 per cent each by successive actions of Congress. Each year an amount equal to 100 per cent of the taxes is automatically appropriated to the Federal Old-Age and Survivors Insurance Trust Fund. The money in the Fund can be used only to pay the benefits and administrative expenses of the program, and such part of the Fund as is not needed to meet current payments is required to be invested in interest-bearing obligations of the United States or in obligations guaranteed as to both principal and interest by the United States.

The old age and survivor's insurance program is administered by the Bureau of Old-Age and Survivors Insurance of the Social Security Administration, a division of the Federal Security Agency.

Evaluation of Accomplishments

While old age and survivors' insurance is still a young program, its objectives are being met to an increasing extent. The high level of wartime employment permitted many persons of advanced years to work and thus qualify for monthly retirement benefits. In December, 1945, approximately 1,470,000 aged persons, widows, and children were entitled to receive monthly benefits. Payments to some 182,000 of this total could not be made for that month, in most cases because the beneficiary had engaged in covered employment during the month. In addition, there were approximately 800,000 workers who had worked in employment covered under the program long enough to qualify for benefits, but who had not yet applied for and received them.

The average primary benefit to which retired workers in December, 1945, were entitled was about \$24.50. The average monthly payments to a retired worker and his wife were about \$38.40; to families composed of a

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widow and two children, \$47.60; to aged widows, about \$20.20.

These figures, of course, do not tell the entire story. The Social Security Board¹ has attempted an analysis of the results of the program in terms of the extent to which it meets the needs of the beneficiaries. For this purpose, the Board has compared the incomes, including imputed rent, of 3,529 beneficiary groups² with estimates of the cost of their requirements at the Works Progress Administration maintenance level.³ These groups constitute a large sample of the beneficiaries who were receiving benefits in 1941-1942 in seven large cities. See Table I. The cost of requirements at the maintenance level is not high, as is shown by the following budget estimates for beneficiaries who lived by themselves in St. Louis, as of June 15, 1941: man sixty-five years of age or over, unmarried, \$505; man and wife, both sixty-five or over, \$842; woman aged thirty-seven, girl eight, boy thirteen, \$1,112.

This approach to the study of adequacy of the program revealed that a significant proportion of the beneficiary groups did not have sufficient income, including their old age and

survivors' insurance benefits, for a maintenance level of living.

Aged persons who work may not be able to do so indefinitely; and if work-connected income, gifts, and relief are left out of account, the large majority were not well provided for, judging by their income from old age and survivors' insurance benefits, retirement pay, veterans' pensions, annuities, assets, and imputed rent. For example, about 70 per cent of the nonmarried men and men with non-entitled wives did not have sufficient income from these relatively permanent sources to meet the minimum standards described in the maintenance budget.

A further test of the adequacy of the program is in terms of the number of persons who become insured under the program in comparison with the number who at one time or another work in covered employment. It is estimated that by January 1, 1946, 73,000,000 living persons had at least some old age and survivors' insurance wage credits. Of these, only 41,500,000, or 57 per cent, were insured. Of the nearly 32,000,000 living workers who did not have insured status, some had left the labor force after only brief covered employ-

TABLE I

Percentage of Beneficiary Groups Without Sufficient Income for a Maintenance Level of Living, 1941-1942

Beneficiary Group	SURVEY AREA				
	Philadelphia and Baltimore	St. Louis	Birmingham, Memphis and Atlanta		Los Angeles
			White	Negro	
Nonmarried men	33.3	52.0	48.6	83.7	41.9
Married men, wives entitled	38.6	47.8	42.6	87.1	23.6
Married men, wives not entitled	47.5	48.2	39.1	92.7	36.8
Female primary beneficiaries	45.3	61.5	50.0	^a	24.7
Aged widows	^a	44.2	^a	^a	29.0
Widows, children entitled	66.7	60.0	54.3	98.5	37.3

^a The number in sample is too small for percentage computation

¹ The Social Security Board was abolished in July, 1946, by the President's Reorganization Plan No. 2 and its functions transferred to the newly constituted Social Security Administration.

² The "beneficiary group" includes the primary beneficiary and spouse, if any, or the widow and unmarried children under age eighteen at home.

³ The estimates are based on the cost of the Works Progress Administration "maintenance" budget, as published by the Bureau of Labor Statistics. This budget aims to include goods and services of such quantity and quality that health can be maintained and that limited participation in social activities is possible.

ment, including many women who have or will have protection under the system on the basis of their husbands' wage records. Others are workers who have only recently taken covered jobs and will eventually build up insurance rights, or housewives who work only intermittently. A large proportion of the total uninsured, however, represents persons who do rely on earnings throughout a working lifetime but, because of the restriction of coverage, do not have enough continuity of covered em-

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ployment to qualify under the system. It is estimated that, during the first week of January, 1946, only 52 per cent of the civilian labor force were engaged in employment covered under old age and survivors' insurance.

Expansion and Improvement of the Program

As may be seen from the foregoing discussion, perhaps the greatest weakness in the old age and survivors' insurance program is its limited coverage. Because of this limitation, many workers who have had substantial periods of covered employment fail to qualify for benefits, and many of those who do qualify receive smaller benefits than they would if all of their wages could be used in computing their benefit amounts. Accordingly, the Social Security Board has recommended to Congress that the program be extended to cover almost all gainfully employed workers, including the self-employed. The Committee on Ways and Means of the House of Representatives considered these recommendations and held public hearings during the period between February 25 and April 15, 1946, on the question of amending the program.

Solutions have now been devised to the administrative problems which originally caused the exclusion of the self-employed and of agricultural and domestic workers. For the self-employed, reporting of income could be tied in with income tax returns. For agricultural and household employees, wage reporting and payment of contributions could be accomplished either by a stamp method or through employer reports.

Employees of the federal government and railroad workers were excluded chiefly because it was felt that they had adequate protection under existing retirement systems. However, experience has shown that because of the large amount of shifting between jobs there is a real need for the continuity of protection which would result from an extension of old age and survivors' insurance coverage to these areas. Moreover, experience in private industry indicates that old age and survivors' insurance coverage can be effected without impairing any of the rights or potential rights which individuals have under special systems.

The constitutional question involved in levying the employer tax of the program against state governments could be solved by authorizing the Social Security Board to enter into voluntary agreements with states for the coverage of their employees. Local governmental units could participate in the state agreements. No administrative problems are involved in covering nonprofit employees.

An immediate problem related to the limited coverage of the old age and survivors' insurance program arises from the situation of the millions of persons who have served in the armed forces during the war. Because of their absence from covered employment while in the armed forces, insurance protection which these service men and women had acquired before their induction has been lost, or such protection as they might have built up in civilian employment has been denied them, or the amount of their "average monthly wage" and hence the potential benefits payable to their survivors has diminished. The problem is most acute where the serviceman dies after discharge from service without having any service-related impairment, since servicemen have protection under veterans' legislation against death while in service or, in case of death after discharge from the armed forces, where a service-related impairment is present. If all types of employment, including military service, were covered, this problem would not exist. Even if coverage is not to be made universal, however, steps can be taken which will, in large measure, solve the immediate problem. A guaranteed insured status, with guaranteed minimum benefits, might be provided for each World War II veteran from the time of his discharge (which is when survivorship protection under veterans' legislation is usually lost) until he has had a chance to regain his old age and survivors' insurance protection. *See VETERANS' BENEFITS AND SERVICES.*

Another important recommendation which the Social Security Board has made is that insurance against long-term total disability be added to the old age and survivors' insurance program. Extended disability is among the important causes of insecurity; on an average day about 1,500,000 persons between fifteen

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and sixty-five years of age are suffering from disabilities which have already lasted six months or more. It is significant that every other country in the world which has an old age retirement program provides for retirement necessitated by chronic or permanent disability. If disability insurance benefits were added to the old age and survivors' insurance program, not only would there be a partial replacement of the wages lost by reason of the disability, but it would also be feasible to "freeze" the disabled worker's status under the program and so to prevent periods of disability from reducing or destroying his protection against old age and death. Thus disability insurance would make a twofold contribution toward the effectiveness of the program.

Even if coverage were extended and disability benefits were added to the program, however, it would be desirable to provide further for more nearly adequate benefits. The present benefit formula might be changed to 40 per cent of the first \$75 (instead of \$50) of average monthly wage, plus 10 per cent of the next \$225 (instead of \$200). If the minimum primary benefit were set by law at \$20 (instead of the present \$10) this would assure a man and wife a minimum combined benefit of \$30.

The present law limits benefits to \$85 per month, twice the primary benefit amount, or 80 per cent of the average monthly wage of the employe, whichever is least. A higher maximum dollar-amount, such as \$120, would recognize the desirability of providing a wide range of benefits under a program of contributory insurance. Omission of the requirement that the family total must not exceed twice the primary benefit amount would permit more adequate benefit payments when a number of dependents survive.

Extension of the program to cover additional occupations would call for changes in eligibility and average monthly wage provisions to reduce the handicap which newly covered workers would otherwise suffer. The average wage could be determined by basing it on only those periods when the worker's earnings exceeded a certain amount. In order to afford reasonable recognition of the length of time a person contributed to the system, the

benefits might continue to be increased by 1 per cent for each year of coverage, as is now the case, and reduced by 2 per cent for each year the worker was out of covered employment. To make it easier for the newly covered worker to gain insurance protection, he might be deemed to be insured, even though he did not meet the present requirements, if he had covered wages of \$200 in each of at least five of the ten years before retirement or death.

Benefits under the existing law are not paid for any month in which a person earns at least \$15 in covered employment. In view of increased wage levels, this figure might be raised to \$30. Also, the age of eligibility for women might be reduced to sixty. Since wives are, on the average, about five years younger than their husbands, this change would in most cases permit the payment of supplementary benefits to the wife at the time the wage-earner retires. Women wage-earners and aged widows should be eligible at the same age as wives.

The Board's recommendations for extension of the coverage of the old age and survivors' insurance program should strengthen the actuarial basis of the program both in the years immediately ahead and in the long run. Contribution income of the program would be increased while at the same time the relative cost of insurance benefits paid to the group of individuals who move between uninsured and insured employments would be reduced. Although it would be necessary to expand the income of the system to meet the cost of the various benefit recommendations, the added disbursements would be relatively low at the outset and would rise slowly. The best information now available suggests that with practically complete coverage the average cost of an expanded old age, survivors', and permanent disability program over the next fifty years might be in the neighborhood of 7 per cent of covered payrolls.

With practically complete coverage of the gainfully employed and their dependents, a government contribution toward financing the program becomes equitable and appropriate. Such contribution would be partly offset by the reduced costs of public aid, particularly if

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permanent disability benefits were provided.

A technical staff appointed for the purpose by the Committee on Ways and Means of the House of Representatives made a thorough study of the social security program and in January, 1946, submitted a comprehensive report to the Committee.¹ In February the Committee began holding hearings on the question of amending the old age and survivors' insurance program.²

In addition, the Committee on Finance of the Senate conducted public hearings on a specific measure relating to one of the recommendations listed above. This is S.2204, a bill introduced by Senator George to provide a guaranteed insured status and minimum benefits for veterans who die within three years after discharge from the armed services.

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OSCAR C. POGGE

PARENT EDUCATION AND CHILD DEVELOPMENT.¹ The history of parent education in this country is a relatively long one. The movement has been characteristically an outcome of efforts by parents themselves to take advantage of available technical knowledge and expert advice. Parent education began typically with little groups of individuals who took their tasks seriously enough to reach out for advice, to read books, and to talk their problems over together.

Organized Activities

The oldest continuous activity in parent education is represented today by the Child Study Association of America, with its offshoots and affiliates, which was started over fifty-five years ago as a study group of mothers. This first group and the many others started under its influence have proceeded on the assumption that the ordinary mother has a great deal to learn, both from more experienced lay persons and from specialists, and that the learning of useful ideas was largely a matter of being told them effectively. Hundreds of such study groups have been formed in various parts of the country, involving for the most part mothers with more than average amounts of schooling and more than average amounts of leisure. Numerous efforts have been made, however, to extend the benefits of what these women were getting to other groups through lectures and conferences and through forming study groups in connection with schools and social settlements.

In spite of wartime difficulties, study groups for parents continued; and since the ending of

¹ See U.S. House of Representatives, Committee on Ways and Means, Social Security Technical Staff, *infra*.

² See U.S. House of Representatives, *infra*.

³ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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World War II there has been a reawakening of interest among parents in study groups and what they can offer.

A number of the older groups have continued through the years, some on a community-wide basis. The Association for Family Living in Chicago and the Baltimore Child Study Association, both offshoots of the child study movement, carry on independent programs of distinctive service with local community support. Not so continuously or systematically, scattered groups throughout the country arrange programs for more or less intensive work for two or three days, under such names as "family relations conference" or "institute on parent education." The immediate practical need is to bring education to parents wherever they happen to be.

A development in many ways similar to the child study groups was initiated in the early 1890's by the Association of Collegiate Alumnae (later the American Association of University Women). Membership in these groups was confined to college women. Their work was systematically planned and continued on a high intellectual plane, and use was made of advances in the various sciences that bear upon children and the home.

Out of a series of annual mothers' meetings started in 1894 under the auspices of the Chicago Kindergarten College came the inspiration for a "National Congress of Mothers," which was brought together in Washington in 1897. The Congress later obtained a charter in the District of Columbia to promote, among other purposes, "the formation of Mothers and Home-Makers Clubs in all states and territories of the United States." By 1907 the mothers had brought many men to their aid and a Parent-Teacher Department was formed. The work and effectiveness of the Congress grew steadily. In 1924 the name was changed to the National Congress of Parents and Teachers. The membership of the Congress in 1946 reached almost four million.

By the beginning of the present century, a great deal of the material concerning home economics which was developing in schools and colleges was being organized for extension to farm families through the Extension Serv-

ice of the United States Department of Agriculture. Eventually, these extension courses led to a very important phase of parent education, namely, the preparation of young people for their later tasks and responsibilities as parents and homemakers.

In 1923 the Federation for Child Study¹ (formed in 1909) received from the Laura Spelman Rockefeller Memorial a grant for extending its work so as to make more widely available the materials and experiences which the child study groups had accumulated over the years. The Federation was incorporated in 1924 as the Child Study Association of America. The Association then brought together representatives of the most important voluntary and governmental agencies which were actively concerned with child development and parent education, to survey the programs, resources, problems, and needs in the field. Out of this gathering grew the National Council of Parent Education, which became a central clearinghouse and coordinating body. For about ten years the Council had a far-reaching influence in clarifying issues, in developing standards, and in critical evaluation. It stimulated numerous projects under various auspices and administered special grants for research, demonstrations, the training of leaders, surveys, publications, and so forth. It organized the program on parent education for the 1930 White House Conference on Child Health and Protection and prepared the material for the volume on parent education in the Conference publications.²

In 1924, in cooperation with Teachers College of Columbia University, the Child Study Association established the first course for the training of leaders in parent education. In the following year it called the first national conference on parent education, in New York, which was attended by professional workers from all parts of the country and by parents from the metropolitan area and near-by cities. As subsequent annual conferences have adapted themselves to changing conditions,

¹ The Federation grew out of the Society for the Study of Child Nature which originated in 1888.

² See White House Conference on Child Health and Protection, *infra*.

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the proportion of professional educators, social workers, and others having technical or administrative interests has steadily increased.

During the 1920's the Laura Spelman Rockefeller Memorial made available funds that greatly expanded the child development research program in various universities. Outstanding work has been carried on at the Universities of California, Cincinnati, Iowa, Minnesota, and Toronto, and at Columbia, Cornell, Vassar, and Yale. The rapid development of interest in research and education was reflected in a growing demand for competent organizers and leaders; and many such leaders were trained in connection with various programs, usually in cooperation with university projects. State departments of education, city boards of education, and many voluntary agencies concerned with various aspects of child welfare, family interests, health, recreation, and so forth, engaged these specialists in parent education and developed more or less systematic programs. In a study for the White House Conference, information was compiled on the work of nearly 400 agencies carrying on parent education and employing over 2,000 workers.¹

Opportunities for trained leaders declined and training programs naturally shrank during the depression of the 1930's. In this period the Work Projects Administration used available unemployed teachers and others to develop a program of education for mothers and homemakers, with excellent results. This experience proved to be helpful in the period of war preparation, when the need to care for young children in the absence of working mothers became acute. It served as the foundation for work under the Lanham Act, which made federal funds available to local communities for developing child care programs. It is significant that those political units and voluntary agencies that had retained their parent education specialists found themselves best equipped to meet the new child care problems created by the war. *See DAY CARE OF CHILDREN*. The child care centers offered excellent opportunities for valuable parent educa-

tion, although they were so used to but a limited extent. It is encouraging, however, that in many of these centers the attitudes of the workers toward the parents were cooperative and understanding. The day care centers enrolled a group of children whose mothers had hitherto not been reached by parent educators. Novel experimental practices, such as mending or shopping services, or the preparation of cooked meals to be taken home when the children were called for, may have lasting effects into the postwar years.

When the schools of New York City had closed for the summer of 1917, during the first World War, the Federation for Child Study (now the Child Study Association of America) established a number of play schools to meet the urgent need for all-day care of children whose mothers were at work. Parent education was made an integral part of the program from the first and was carried on winter and summer. The play school idea of a comprehensive summer program for city children has come to be more and more widely adopted, and activities have steadily expanded. The Play Schools Association became a separate organization in 1938, with parent education continuing to be an important part of its program.

Education and Interpretation

As scientific research develops new theories about the conditions and processes that affect the child's development, parent educators undertake to diffuse and interpret these findings. On the basis of their contacts with parents and children and using the insight derived from analytical psychology, they have brought about important changes in the attitudes of pediatricians, nurses, and teachers, as well as of parents. These changed attitudes are evidenced in the replacement of older attempts to routinize the early months of the child's life through "habit training," with an acceptance of the individual child's need to mature at his own pace through "self-demand schedules" that lead to self-regulation. To take but one example, today the baby is fed every three or three and one-half hours, if he signifies he is hungry by crying. He is not allowed to cry one-half hour or more because former rigid sched-

¹ *Ibid.*

ules said babies were to be fed only every four hours. The advances are also illustrated by radical revisions which have been made in various publications, as for example the United States Children's Bureau's 1945 edition of its earlier pamphlet *Infant Care*, after millions of copies of former printings had been distributed.

From the beginning of the parent education movement the printed word has played an important role. Many books and, in recent years, a rapidly expanding pamphlet literature have been widely distributed by pediatricians, nurses, teachers, social workers, and others who reach parents. A recent radio broadcast brought requests, with cash, for 5,000 copies of a specific pamphlet. One magazine article brought orders for 12,000 pamphlets. Magazines of general circulation have been printing more material directed to the mothers. Many newspapers carry special departments or syndicated columns dealing with the problems every parent has to meet. Special writers follow up new developments and interpret them for the benefit of parents, just as financial and political writers interpret the special news for those who are interested.

The radio has naturally followed the press in reaching parents with useful information and advice. Its programs are of all degrees of simplicity, directness, and perhaps of validity; but listener interest is unquestionably there. It is impossible to estimate the number of weekly programs, as new experiments are constantly being tried in the search for satisfactory and effective forms.

The moving picture is another means for the dissemination of research findings in child development and parent education. In 1946, March of Time, Inc., in collaboration with the Clinic of Child Development at Yale University produced a "movie-short" called *Life with Baby*, which was shown in the commercial moving picture theaters and reached the wide movie-going audience.

Parent Counseling

One of the consequences of the great expansion in the giving of advice and information to parents is the confusion that results from

a multitude of counsel; "the doctors do not agree." As a result, parents have been demanding more individual attention, both because they feel the need to have the seeming contradictions cleared up and because they believe that general principles cannot readily be applied to their individual cases. Moreover, parents have increasingly come to recognize as serious, situations which might otherwise have been passed by. They feel, therefore, that it is necessary to meet the instructor face to face: to have a chance to ask questions, to discuss details more fully. Thus there has been a growing demand for counsel and consultation.

Counseling service is available in many local communities, in family welfare agencies, in marriage counseling bureaus, in child guidance clinics, or other community agencies which are specifically set up to help parents. See GUIDANCE AND COUNSELING. The Family Counseling Service of the Child Study Association has been operating experimentally in New York City since 1927; and this experience of the staff members has contributed substantially to the value of the Association's educational work. The trend has been in the direction of providing counsel on a fee basis. The counseling work of the Association is now a recognized form of community service, supported in part by the Greater New York Fund. Other local agencies working with families have also found that as the economic conditions ease up, fewer families call for material assistance, while more and more seek advice on problems of personality adjustment and family relationships, offering to pay a fee in many cases. See FAMILY SOCIAL WORK.

Parents seeking counsel for their "problem" children often have to be referred to pediatricians or other medical specialists, to psychiatrists, or to child guidance clinics. It is encouraging to note a tendency among these agencies, especially in public health nursing and in the guidance field, to go beyond helping the child with his immediate difficulty and to help the parent understand the meaning of the child's behavior so as to strengthen the home.

Public concern with increasing juvenile delinquency in recent years has manifested it-

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self in various ways. In 1940 some of the San Francisco magistrates initiated a plan to deal with the problem by "sentencing" the parents of delinquents to attend school. The spectacular publicity which this sensational news received created the impression that the plan was a success; and there seems to be some disposition to imitate it in several localities. Those who are experienced in community and family affairs have been disturbed by this oversimplification of a very complex and serious problem. Instead of recognizing that *all* parents need help and that parents with special problems need special help, this plan defers the development of constructive and preventive measures and associates parent education with emergency and remedial efforts. And by ignoring all the other factors, it virtually absolves economic and social conditions as well as the agencies responsible for housing, recreation, education, and other community efforts.

Other Developments

In the 1920's, department stores in different parts of the country recognized the needs that ordinary parents felt for advice on such commonplace matters as the selection of toys for children, on infant wear or vacation plans, and so on up to discipline and behavior problems. Some of the stores set up meetings and conferences to catch the mothers in the midst of their shopping, and in many cases these programs were of a very high order. During the depression and during the war period, these activities along with many others declined. Recently, however, there has been a revival of interest in them.

Church groups have begun to show a decided interest in providing parent education materials for parent groups organized in the church.

An important accompaniment of the parent education movement, although of course not a result of it, has been the growing pressure upon the schools to give more direct attention to the needs of young people in preparation for marriage and parenthood. The demand has come from many directions and therefore appears under many different labels — home-making courses, sex education courses, pre-

parental courses, and so forth. They reflect the fact that in our rapidly developing culture the home has been unable to equip its children with the necessary understanding, training, and attitudes that modern conditions require of responsible adults, and specifically of husbands and wives, fathers, and mothers.

Teachers of sociology in the colleges and universities have been placing increasing emphasis upon the problems created by family disorganization, although they have generally hesitated to deal directly with the practical aspects of such problems. Yet more and more colleges have been offering courses on "The Family" and on "Marriage," designed to consider rather concretely such matters as courtship and marriage, homemaking, parenthood, child care and development, child psychology, and so forth. Since the White House Conference of 1930, some teachers' colleges have developed similar courses. Here, however, the courses are offered in about equal numbers by departments of home economics and of sociology; and the former seem to be shifting more rapidly from the formal and academic to the concrete and practical. Growing concern with mental hygiene has been impressing the educators with the role of the emotions in child development as well as in our daily relationships. The courses on the family and on marriage deal increasingly with the roots of behavior, the dynamics of personality development, and the adjustment of personalities within the family. Some of the teachers' colleges recognize further that the courses are important in shaping the attitudes of teachers toward marriage and family life, and so for determining their incidental influence upon their pupils, whatever their special subjects of instruction may be.

A corresponding interest in parent education materials and techniques is to be observed in the training also of social workers, counselors, public health nurses, youth counselors, administrators, and personnel workers.

Those who work with children and parents note a reawakening of interest in parent education in many groups — in parents, parent educators, and the allied fields. Various voluntary and official groups interested in parent

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education, child study, and related matters met in the spring of 1946 to form a parent education council for Greater New York. Participants represented child guidance, recreation, and parent education activities of the Board of Education, the child hygiene work of the Board of Health, parent associations, the New York City Committee on Mental Hygiene, the Adult Education Council, and others. The purpose of the council is to coordinate efforts, avoid duplication, and plan a concerted drive for a comprehensive program of parent education. There is evidence of similar stirrings in other cities. This may be observed not only in the United States, but also in South American countries and in England. It is generally recognized among those familiar with the problems that it would be extremely desirable to make soon a re-examination of existing conditions, practices, resources, unmet needs, available personnel, facilities for training, and coordination of research with teaching. Within the past year *Parents' Magazine*, calling upon the advisory support of the National Council of Parent Education, established the Parent Education Clearing House with offices at 52 Vanderbilt Avenue, New York City, to help perform some of these needed functions.

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SIDONIE MATSNER GRUENBERG

PERSONNEL STANDARDS IN SOCIAL WORK.¹ Every profession has a responsibility to raise and maintain the standards of its work. A successful striving of social workers toward standards approaching those of the more established professions is reflected in both the quality and quantity of social services now available. As one authority has said, "Social work leaders, who for twenty-five years have been trying to convince the public, social agency boards, and community chests that the work requires professionally trained personnel, may now regard the fruits of their efforts with satisfaction. Acceptance of the idea is apparent in all parts of the country."²

To date the public still has no legislative protection against the practice of unqualified personnel in the field of social work. "The lawyer, the physician, the clergyman (or anyone else) may, with legal impunity, invade the field of social work and commit acts which in

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

² Odencrantz, Louise C. "These Jobs Beg for Workers," in *Survey Midmonthly*. September 1945.

¹ For addresses of periodicals listed, see Appendix A.

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the opinion of qualified social workers are lamentable errors."¹ The general registration and/or licensing of all social workers is as yet a goal, not an actuality. The only instances to be found are in California, where a state system of registration and certification of social workers was established in 1945; and in Puerto Rico, where compulsory certification for social workers has been in force since 1934. See SOCIAL WORK AS A PROFESSION.

However, there is a growing realization that the solution of complex human problems is dependent upon the utmost in skills and techniques. The better agencies, both governmental and voluntary, recognize that productive social service in the interest of the public which supports it depends primarily on the employment of properly qualified staff working under conditions which are conducive to maximum performance on the job.

Development of Personnel Standards

Prior to 1935 and the passage of the Social Security Act, most social workers were unfamiliar with merit systems and the principles which are essential to the maintenance and promotion of good standards in any field. Selection of personnel and evaluation of their performance were frequently highly subjective processes, seldom measured against standard criteria.

In the public service, patronage practices were more prevalent than today and in the voluntary field social agency boards frequently selected and dismissed personnel on the basis of favoritism and prejudice. Today there is general recognition that a sound personnel system is essential regardless of the size of the agency or the auspices under which it is operating.

The inclusion of the principle of merit selection of personnel in the Social Security Act, and the responsibility of the United States Children's Bureau for developing plans for child welfare services jointly with the state agency and for including in these plans a description of plans for the selection of personnel,² have done much to raise personnel stand-

ards, both directly and indirectly, as an example to all social agencies.

The significant personnel amendment to the Social Security Act in 1939 called for a merit system of personnel administration in every state for the following social security programs: employment security, public assistance, child welfare services, maternal and child health services, and crippled children's services. To assist the state agencies in implementing these standards, the federal agencies developed suggested rules and regulations as illustrative to the states of the basic elements of personnel administration.

In addition to the thousands of employees covered by the federal civil service and state civil service and merit systems, there are large numbers of county and city employees, including social workers, covered by merit systems.

The developments in the field of scientific personnel management, a comparatively new professional technique, and the activities of national social agencies and professional associations have greatly stimulated the voluntary agencies toward a desire to implement their programs through the establishment of more acceptable personnel practices. Councils of social agencies have been giving thought and consideration to the advisability of analyzing and studying the personnel practices of the social welfare and health agencies. Each year has seen a growth in the number of social work agencies which have adopted more desirable formalized personnel practices.

Many national agencies have had personnel practices committees studying and reviewing the experiences and current personnel practices in their respective fields. The American Association of Social Workers has recently completed a two-year study and its results have been incorporated in a statement entitled *Personnel Practices in Social Work* (*infra*), which embodies principles and methods that will be useful to all social agencies in evaluating and improving the personnel management aspects of their programs. These principles are basic to the maintenance of standards in the social work field. They are:

- i. Support of the merit principle in the

¹ Bradway, John S. "Legalizing the Professional Social Worker," in *Social Service Review*. March 1945.

² See U.S. Children's Bureau, *infra*.

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selection, retention, promotion, and dismissal of employes. The person best qualified to do the job should be selected without regard to race, color, sex, creed, marital status, or national origin, except as the function or auspices of the agency limits the personnel who might be used effectively. There should be no discrimination on the basis of political or union affiliation.

2. Graduation from a member school of the American Association of Schools of Social Work provides the best preparation for practice in social work.

3. Selection and maintenance of personnel on the basis of competence should be supported by a continuous operation of personnel procedures mutually understood by employer and employe.

4. Employer and employe alike have a responsibility for honesty in preliminary discussion of the position, and both are responsible for carrying out the terms of their joint agreement.

5. The right of individuals to bargain collectively and to be represented by a union of their choice is recognized and approved.

6. There should be machinery to enable and encourage staff members to participate in the development of agency policy and program.

In addition, many cities have made social work personnel studies in recent years. Among these are Cincinnati, Detroit, Kansas City (Mo.), Los Angeles, and St. Paul. The efforts under these several auspices have attempted to define standards that are desirable and applicable to all agencies. The methods of putting the standards into actual operation may necessarily vary in different agencies and localities. These standards serve as the basis for long-time planning.

Factors Affecting Personnel Standards

Although the profession of social work has formulated a fairly adequate and pragmatic blueprint of professional personnel standards as a goal, there are many factors, favorable and unfavorable, affecting the present and future application of these standards.

On the positive side there is the increased acceptance by the public of the validity of the social work process in the treatment of human

problems. Social welfare programs have increased and expanded rapidly in the past quarter century. But the demand for qualified social workers is not limited to social agencies. Rehabilitation, health, school, and housing programs as well as industry (both management and labor) have put in their claims for professional social services.

Not only is the demand for *more* social workers increasing but also the demand for *better-trained* workers. Voluntary agencies in increasing numbers are progressing from volunteer and nonprofessional standards of service and staff to greater reliance on professional competence. Under the incentive of federal financing and concomitant supervision, public welfare programs are moving rapidly from administration under spoils politics to administration by qualified personnel. This has been particularly marked in the past several years. *See PUBLIC WELFARE.*

To meet the demand for professional personnel there has been a great increase in the number of schools training social work students. In 1919 there were only 17 such schools of social work whereas in 1946 there were 47 member schools in the American Association of Schools of Social Work. In education for social work there has been continual progress in the scope and quality of the curricula and in the establishment of more uniformity in the programs of the various schools. *See EDUCATION FOR SOCIAL WORK.*

Another positive aspect of the situation is the increased interest on the part of agency executives in improving personnel standards. The high mobility of social workers and the problems of recruitment have influenced many in the direction of studying and evaluating their present programs, and more attention is being given to the working conditions of employes. The application of the real advances which have been made in the methods and techniques of personnel management will continue to raise social work personnel standards.

The negative aspects of the social welfare personnel situation present many difficult problems in the maintenance, not to mention the improvement, of present standards. The

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labor market for qualified social workers has tightened persistently throughout the past decade and there is a widening gap between total staff needs and the supply of qualified people. Complete statistics are not available regarding the extent of personnel needs but it is certain that hundreds of agencies are seriously handicapped in urgently needed services because of a lack of qualified workers.

One social work educator has described the situation as follows: "Ideally we see professionally prepared workers recruited for positions of visitor or group worker in the social agencies, both public and private. Realistically, however, we see . . . in the public assistance and public welfare field, professional preparation at best recognized in selection of supervisors, consultants, and workers in the specialized fields of psychiatric social workers, medical social workers, and child welfare workers."¹

During the recent war many qualified social workers were drained off from state and local social agencies through recruitment to the armed services and to positions in national and international welfare programs. The dearth of qualified personnel resulted in a relaxation of personnel recruitment standards. Many governmental and voluntary agencies continue to operate under personnel systems geared to meet wartime emergency recruitment, with greatly modified standards. The governmental agencies have reduced the minimum qualifications previously required for beginning positions and at the same time have increased the salaries of these positions. In some instances, by legislative or administrative action, minimal professional education and experience requirements have been waived altogether. This latter step is not entirely due to the personnel shortage but is partly a reflection of the persisting attitude in some quarters that the performance of social work duties does not require special preparation. Many positions in the public service have been upgraded to retain personnel. The voluntary agencies faced with similar problems have resorted to

the old methods of apprenticeship and practical training on the job for beginning workers.

Regardless of the desires of welfare agencies to raise standards by the employment exclusively of professionally prepared staff, it seems inevitable that for a long time to come agencies will have to use persons without technical training. Enrollment in the professional schools has increased, but the number of persons graduated each year is small in proportion to the demand for them. Social work education is costly, and the sound expansion of educational facilities will necessarily be a slow process.

Social work is a new profession and practically unknown to many college graduates. The period of graduate training is longer than for some other professional fields, and the monetary compensation relatively small. These considerations limit the number of individuals interested in entering the social work profession. For these reasons, among others, social agencies will have to meet the challenge of maintaining standards with such personnel as is available. The extent to which personnel standards can be advanced in spite of these limitations will depend upon the skill which the agency uses in the selection of personnel and in the quality of the opportunities it can provide for a broad general training on the job and for post-employment education. See ADMINISTRATION OF SOCIAL AGENCIES.

Recruitment, Selection, and In-Service Training

Recruitment is an exceedingly important process in the maintenance of personnel standards. While the task of recruiting for social work is primarily to attract people to social work positions, it has a corollary educational value. It is impossible to attract personnel without describing the position offered. If description is well done, particularly in a new or an unfamiliar field, the interested public will necessarily learn something about the position offered. In both situations the nature of the presentation is highly important to the agency, to the public acceptance of its program, and to the profession.

Although the techniques of personnel selec-

¹ Hathway, Marion. "Twenty-five Years of Professional Education for Social Work — and a Look Ahead," in *The Compass*. June 1946.

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tion have improved, better methods of measuring aptitudes and attitudes for social work are still needed. No satisfactory tests have yet been devised to measure these qualities. The evaluation of the quality of previous experience and even professional preparation for a particular position present complex problems for those responsible for the selection of personnel. Thought is being given to the advisability of establishing a national examining service for social work analogous to those in the medical, nursing, and teaching fields. Such a service might attempt to develop better methods of testing professional or potentially professional competency.

Post-employment training is essential to the improvement of personnel standards for workers already professionally trained as well as for those professionally unprepared. The proper kind of orientation and in-service training of new workers not only develops their capacities and insures their ability to carry out functional responsibility but stimulates them to seek further professional preparation.

Considerable impetus has been given to the idea that agencies must assist in the provision of professional education if they are to obtain qualified personnel. An increasing number of executives are considering the possibility of providing pre-employment scholarships and educational leaves with pay. The United States Children's Bureau and the American Red Cross are examples of agencies which have profited by the provision of further educational experience for their employees.

Salaries in Social Work

Salaries in social work appeared for the first time as a subject for discussion on the program of the National Conference of Social Work in 1946. This is an indication that the profession of social work is now mature enough to consider this vital subject openly, without embarrassment. Social work salaries have been determined more by tradition and circumstance than by careful evaluation of the knowledge, skill, and abilities required for competent performance. Such salaries have increased during the past decade, but in most agencies the in-

crease has not kept pace with the rise in the cost of living.

The Social Work Vocational Bureau reported a shift in median salaries from \$1,800 in 1941 to \$2,400 in 1944.¹ A study of the membership of the American Association of Social Workers revealed that in 1945 the median salary of case workers was \$2,259, of supervisors, \$2,779, and of administrators, \$3,732.² The social workers included in this study were a selected group with respect to professional training and experience, and therefore undoubtedly received higher salaries than social workers in general.

Salaries in social work will have to be related to real job responsibilities. This will be necessary to meet the need for qualified workers whose recruitment to the field depends to a great extent upon the attractiveness of the monetary compensation. Financial return is not the primary motivation in choosing a profession, but young people are increasingly aware of the relative importance of an income which will provide some comfort and security as well as the necessities of life.

Such increases in salary as have been made are encouraging but, with the exception of some cost-of-living adjustments, they have not been based upon any formula or standard nor have they been related to a coordinated salary and classification plan. One of the significant trends in personnel standards is the demand on the part of executives for accurate salary data. Many agencies, both governmental and voluntary, recognize the need to study and modify their salary scales.

Job Analysis and Classification

Basic to the establishment of more adequate and uniform pay plans, sound recruiting, and selection is comprehensive job analysis and proper classification of positions. The rates at which workers are to be paid can be determined with any degree of equity and practicability only in relation to the kind of work performed and the degree of responsibility involved. Qualification requirements can be

¹ Odencrantz, *op. cit.*

² See Schneider, *infra*.

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satisfactorily established and measured only if the nature of the work performed and the responsibility exercised are known in advance of actual recruitment and selection. Moreover, the efficiency of the worker on the job must be evaluated with respect to performance standards established in terms of these duties and responsibilities.

Much more has been achieved by governmental agencies, particularly those administering social security programs, than by voluntary agencies in establishing position classifications, pay plans, and uniform personnel practices. The public programs are constantly improving the techniques necessary for their difficult tasks. The classification of employees in the voluntary agencies presents many administrative difficulties but a growing interest on the part of agency executives is a hopeful sign.

Councils of social agencies can only recommend to their autonomous member agencies that standards be adopted, and this is also true of most of the national agencies with local affiliate members. This situation makes it very difficult to obtain desirable and uniform programs of personnel practice. It has been found that much thought and time are required in getting agreements on qualifications, salary scales, competence, and working conditions. The difficulties as well as the need to improve standards continue as a challenge to all social agencies.

Other Personnel Practices

Space limitations prevent discussion here of many of the important elements of sound personnel management such as service ratings, promotions, leaves of absence, and others. Mention must be made, however, of several elements which adversely affect personnel standards.

Discriminatory treatment of employees for any reason except lack of competence violates the fundamental principle of sound personnel administration. Discrimination against minority groups exists today in both governmental and voluntary agencies, although the situation has been slowly improving. In the public field the improvement of the administration of civil

service and merit systems and the influence of the Committee on Fair Employment Practice have corrected some of the worst abuses. However, many employing agencies, themselves unprejudiced, are faced with the problem of unfavorable community reactions when certain appointments are made or are under consideration.

Rigid residence requirement, discriminatory in the sense that the agency may fail to obtain the best employees, is still a common practice in many jurisdictions.

Other discriminations include the differential between salaries received by men and women in relation to general levels of responsibility. Salaries for men are generally higher than those for women, and there is a tendency for this disparity to become even more pronounced with an increase in years of practice.¹

Retirement

Not only are social workers not included in the federal old age and survivors' insurance program, but until recently there have been relatively few agencies which have provided any type of retirement plan for their employees. The National Health and Welfare Retirement Association, formed in 1945 to correct this situation, now has several thousand social workers covered in its plan. The purpose of this Association is to provide under a group annuity plan security for the professional worker on his retirement from practice. Both employer and professional worker contribute to the building of the annuity reserve. The plan includes several features not usually present in retirement plans such as death benefit, the privilege of workers to change jobs without losing benefits, and the privilege upon re-employment of beginning his benefits again if the worker leaves the profession for a few years.

The income derived under this plan when combined with that received under the social security program would assure a reasonable income for life to the professional social worker.

¹ *Ibid.*

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PROTESTANT SOCIAL WORK² is defined to include the organized and institutionalized social services, the social education and action programs, and related activities, which are maintained and operated under the

auspices of some one of the Protestant churches or by several of them in federation. The range of these programs is as wide as that of social work in its broadest aspects and is rooted in the traditional concern of the churches for the welfare of their own people and those of the general community.

The history of social work begins with those organized activities which were sponsored by the churches. Over the years a variety of motives and purposes have been evident. Motivation is mixed today, as it is in most social work, with different factors uppermost in different situations and circumstances. Basic to Protestant social work is Christian charity, in the theological meaning of that word, and a fundamental respect for personality with a belief in its intrinsic value. Protestant agencies are also based on the major assumption that religious life should be nurtured, and that religious ministry is part of the service offered. Added to these, historically, and an integral part of present-day church social work, are a democratic concern for the welfare of people in terms of need alone and the professional practice of performing a given service or function in ways most beneficial to the client and the community. Church social work has two characteristics which perhaps more than anything else distinguish it from other social work: (a) a recognized theistic philosophy as its basic rationale, and (b) national and international auspices for its promotion and integration (even the local autonomous agencies feel themselves part of the world-wide mission of the church).

Auspices

The social work agencies of the churches are operated under a diversity of auspices. Some are official agencies in the sense that they are organized, supported, and directed by some official agency or jurisdictional division of the church, such as a national mission board, a regional, diocesan, or synodical body, or an organized local church. A large number of the older institutions and agencies, however, were organized and incorporated by unofficial associations of church people belonging to the same denomination. These groups have usu-

¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

² For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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ally established some relationship, more or less nominal, with an official church body. Thus, they may stipulate that the bishop of the diocese, the president of the synod, or a ruling elder shall be the president or honorary president of the corporation; or that the members of the board of trustees shall be members of the denomination; or that the religious ministry provided for the institution shall be from the denomination. The resulting lack of definiteness as to official auspices has sometimes caused confusion and is one of the factors which makes it difficult for Protestant social work to present a united front today. The situation is further complicated by associations such as Young Men's Christian Associations and Young Women's Christian Associations, and organizations such as the Salvation Army, which, while they have the active participation of many members of the Protestant churches, are not official church agencies controlled by any single denomination or group of churches.

A new type of auspices has developed within the past few years under which certain types of social work activities, such as court work, counseling, central intake, and referral, have been organized on an interdenominational basis. The councils of churches in Cleveland, Detroit, Los Angeles, and Washington have pioneered in this development.

Support and Community Affiliations

Just as there is a diversity of auspices, so there are different sources of support for the social work of the churches. The official church agencies receive a larger percentage of support from official church bodies than do the unofficial associations of church people. The history of some unofficial associations indicates that they are more free to develop a program and enlist community support than are the official agencies. In general, church agencies are supported by their own endowments; by church funds, either regular budgetary grants or the contributions of individuals; fees paid by clients or their families or from public agencies; and by participation in community funds.

In the early history of welfare federations and community funds some of the church agencies were reluctant to seek membership

in and support from these organizations. They feared interference with some of their policies, especially with regard to religious ministry. More recently many of these church agencies have found that membership in federations and participation in community funds have helped them to keep in touch with the changing needs of individuals and groups, and that the supervision and coordination involved have helped them to improve their programs.

Today a large percentage of church agencies are members of welfare federations and participate in community funds. Some of the agencies are in rural areas or small towns and cannot be so related. A present trend is for councils of churches to federate and correlate the activities of the agencies affiliated with the several Protestant churches, and to represent these interests in the local council of social agencies and community fund.

The social teaching of the churches has caused their members to support, financially and morally, not only their own church agencies but also those of the general community. Churchmen, serving as board and contributing members of voluntary agencies, have also exercised leadership in the development of governmental social services. During the early period of rapid development of these services, there was some fear about the support of the agencies of the church and other voluntary agencies, but increased familiarity with the tax-supported agencies has clarified the essential reason for the continuance of church agencies as a demonstration of the basic relationship between religion and democracy.

Types of Church Agencies

Although individual denominations have shown special genius in developing certain types of social work institutions and agencies, the Protestant churches, taken together, present a program which includes practically every type of social work found in the general community. Because these activities are not completely centralized into any national body, denominational or interchurch, it is impossible to know the exact number of any type of institution or agency. The Board of Hospitals and Homes of the Methodist Church alone, in

1946, reports "71 hospitals, 52 homes and agencies for the aged, 47 homes and agencies for children, and 11 homes for youth that look to us for leadership and guidance." Some of the other denominational offices are able to give estimates of the number of institutions and agencies operated by their churches, but for some of them even this is difficult because the same types of agencies are operated under the auspices of different national boards. The question of numbers is also made difficult by the fact that not all so-called church agencies are official agencies; therefore report and record of them may or may not be kept by their national offices.

1. Child care institutions and agencies were among the earliest social service institutions established and operated in large numbers by the churches. They were organized to provide shelter, protection, and education for orphans or dependent and neglected children. Many of these institutions for the congregate care of children have now added some type of social case work service to their programs. The trend for many is to become study homes, with case work placement of the children in foster homes. Some few have become completely case work agencies. Also to be listed are day nurseries and nursery schools, and a certain number of secondary schools for underprivileged children. These latter schools are differentiated from the usual secondary schools in that social case work has been added to their programs to assist in the adjustment of the individual child and his family. Some of these agencies and schools provide service chiefly for members of their own denominations or for those whose families are willing to have them become members. Others determine their intake policy on the basis of need alone. See FOSTER CARE FOR CHILDREN.

2. Homes for the aged also were among the earliest and most numerous of church-operated agencies. More than is true of children's institutions, these homes limit their service to members of the denomination, and many also have definite residence and other limiting requirements. Some homes for the aged are operated by one or more parish churches and are limited to members only. Others, operated by

synods, dioceses, or districts, are limited to members of these ecclesiastical divisions. A few churches operate national homes. Complete figures are not available on the number of such homes operated by the churches, but six of the largest denominations report a total of slightly over 200 homes. Practically all church homes for the aged are filled to capacity and have long waiting lists. Present-day social and economic conditions are multiplying the number of people seeking residence, with the result that some regional divisions of the churches are planning to establish additional facilities. A number of the existing homes, in facing this problem, have developed case work service and supervised placement in private homes for those applicants whom they have not been able to admit. Several studies by denominations of the whole question of care for their aged members are being made at the present time. Under the supervision of the Commission on Religion and Health of the Federal Council of Churches a study of religious ministry to the aged has been organized. See THE AGED.

3. Hospitals constitute an important type of social service of the churches. Many communities in America depend upon hospitals established and operated under religious auspices. From the beginning most of these hospitals were intended to serve the needs of the general community. That being the case, they have from the first been able to request and secure general community support. In the case of several hospitals founded under Protestant auspices, this process has proceeded to the point where the auspices themselves have become general. Thus today any given hospital—whether called Presbyterian, Episcopalian, or Methodist—may or may not be an official agency of these communions. The American Protestant Hospital Association, a national association, includes 300 Protestant hospitals or their representatives in its membership, but this is not the total number of such hospitals. Many church hospitals maintain schools of nursing, and increasingly social service departments are being developed with medical and psychiatric social workers. A major development is the use, as chaplains, of clergy who

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have had special clinical training in counseling and the use of religion as a resource in mental and physical illness. *See* MEDICAL CARE and MENTAL HYGIENE.

4. Settlement houses and neighborhood houses are an expression of the churches' interest in individual and community welfare. In the early days evangelization was an important part of the purpose of these agencies, which were frequently established under the auspices of missionary boards and societies. Many settlements were the outgrowth of the chapels or parish house activities of the larger institutionalized congregations in metropolitan areas. More recently group work centers have been developed by the churches in rural areas and especially among isolated populations. In addition to recreational, educational, and intercultural activities, most of these agencies offer some form of organized religious program which may be primarily denominational or broadly nonsectarian. *See* SETTLEMENTS AND NEIGHBORHOOD HOUSES.

5. City missions and chaplaincy service. City missions, not to be confused with "rescue" missions, are operated by several of the churches. Conducted as church extension and missionary activities in urban areas, they include several aspects of social work. The New York City Mission Society of the Presbyterian Church operates camps and nursing services as well as group work activities in connection with their chapels among the foreign-born and minority groups. The Lutheran Church in various parts of the country has developed welfare agencies on a city or state-wide basis which provide family service and child care, as well as hospitals and chaplaincy work. The City Mission Societies established by the Episcopal Church have as their main purpose the provision of chaplaincy service to public institutions, but the larger societies include temporary shelters, convalescent homes, hospitals, settlements, and family case work service. City missions, as operated by these several denominations, are in a real sense coordinating agencies for much of the social work of their churches in the larger metropolitan areas.

Under the auspices of councils of churches or local ministerial associations, regular pro-

grams of chaplains' service to community hospitals and correctional institutions have developed. These programs coordinate the services provided by the several affiliated churches and augment those services where needed, as in large or isolated hospitals and prisons. Special interest is shown in federal and state prisons, state hospitals, and veterans' hospitals.

6. Seamen and other transients. Work among the seamen has been a traditional concern of several denominations, especially the Episcopal and the Lutheran churches. In the major seaports on the Atlantic, Pacific, and Gulf coasts they operate homes, hostels, and services for seamen and members of the merchant marine. These institutions, in addition to conducting religious services, provide room and board at nominal rates, recreational facilities, baggage storage, help in locating missing persons, and counseling services.

Somewhat similar hostels and homes are operated by some of the churches for migrants and transients. During the past several years, local churches and state federations of churches have provided religious ministry, group activity programs, and personal counseling to the agricultural workers brought to this country from Mexico and the West Indies for temporary emergency work, and for the more normal groups of migrant workers. The Home Missions Council of North America gives leadership to this program at the national interdenominational level.

7. Work with the handicapped. The Goodwill Industries, closely associated with the Board of Missions and Church Extension of the Methodist Church, is an example of the type of activity established by the churches for the rehabilitation of the handicapped. They are usually operated under interdenominational auspices. In addition to giving employment to handicapped people in the repair of clothing and furniture for sale in Goodwill Industries stores, they provide a program of retraining, together with case work service. The Goodwill Industries of America (formerly the National Association of Goodwill Industries) is the coordinating and standard-setting body in this field.

Other services for the handicapped include

the operation of homes for the deaf, dumb, and blind, which provide retraining and placement services as well as protective care.

8. Case work and counseling service. A recent general development in the churches' programs of social work is the establishment of case work agencies and counseling services. Many of the church homes for children have kept pace with other child care agencies in adding case work service to their program. Latterly, some of them have completely given up congregate care and have become case work agencies placing children in foster homes. In several instances this trend has been accompanied or preceded by the merging of two or more child care institutions into a single case work agency.

An early development of distinctly case work agencies under church auspices was the Episcopal diocesan societies of Church Mission of Help, in some cases called Youth Consultation Service. These agencies, federated in the Episcopal Service for Youth, offer case work service to young people and make special use of the resources of religion, psychiatry, and vocational guidance. More recently the Lutheran and Episcopal churches, on a regional basis, and many large parishes of several denominations, have employed professionally trained social workers for counseling and referral services.

In several large cities denominations or federations of churches provide probation or parole service for the Protestants from the courts and training schools in their areas. Sometimes this is a separate service provided by the churches but in most cases it is a co-operative program by which church workers cooperate with the social workers employed by the courts and training schools in making joint plans for the inmates of these institutions. A somewhat similar service has been developed, notably in Chicago, Cleveland, Los Angeles, and Washington, by which the local federation of churches employs social workers to cooperate with the workers of the general community agencies on all cases of Protestant people.

Also, in these communities the church federations provide case work and counseling

service to the clergy for their use either in the confidential discussion of the individual and family problems of their parishioners, or for a direct service to these parishioners in terms of counsel, advice, and referral to appropriate community agencies. Some of the denominations themselves, either as part of the program of their parish churches or on a regional basis, are providing this same type of counseling and referral service. *See GUIDANCE AND COUNSELING AND SOCIAL CASE WORK.*

9. Postwar activities. Under the impact of the recent war all of the denominations extended their existing programs or developed new services to meet individual and community needs. They developed special commissions and staffs of workers to serve the religious, social, and recreational needs of servicemen in camp communities, and industrial workers and their families in war-industry areas. Social group workers were among those employed by the churches for this purpose. In some of the areas with heavily concentrated new populations, the churches developed day nurseries and recreational programs for the daytime care of children. These programs were coordinated on a national interdenominational level by the Federal Council of the Churches of Christ in America, the Home Missions Council of North America, and other national interdenominational agencies. The postwar period has thus far shown little basic change in many of these new communities and the agencies and activities of the churches have remained to continue their service to the people. Out of the war experience additional impetus and organization have been given to social work under Protestant church auspices.

Since before the war, refugees from Nazi oppression have been coming to this country and the churches have organized to assist them with their financial needs, rehabilitation, and resettlement. The American Christian Committee for Refugees was organized by a group of churchmen under the leadership of the Federal Council of Churches in 1934. This agency continues to serve these refugees in their resettlement in the United States and elsewhere. In June, 1946, Church

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World Service, Inc., representing the world relief interests of Protestant and Eastern Orthodox churches, enlarged its program to care for the displaced persons coming to this country under the President's special directive. *See ALIENS AND FOREIGN BORN.* The churches provide a corporate affidavit, passage and visa costs, and—upon arrival here—case work service, vocational guidance, and resettlement opportunities for members of the Protestant and Eastern Orthodox churches who cannot return to their own homes. The program is extended throughout the country through cooperation with local churches and family service societies.

The emergency relocation of people of Japanese ancestry from the West Coast to other parts of the country was the occasion for the churches to form a Committee on Resettlement of Japanese Americans. The Committee cooperated with the War Relocation Authority, and through development of local committees assisted in the protection and resettlement of many individuals and family groups in various parts of the country. Now that this Committee has ceased to function, the churches—as part of the program of the Home Missions Council—are assisting the Japanese-Americans to return to their former homes or establish permanent homes elsewhere. *See RACIAL PROGRAMS IN SOCIAL WORK.*

10. Relief and rehabilitation. During the war Protestant churches developed three major agencies through which to coordinate their programs of relief and rehabilitation in Europe and Asia: Church Committee for Overseas Relief and Rehabilitation, Church Committee for Relief in Asia, and Commission for World Council Services. In June, 1946, these three agencies were merged by their parent bodies into a single agency, Church World Service, Inc. It is this agency which finances the program for displaced persons described above. In addition, and forming the major part of its program representing the interests of 26 communions, are the following activities: monies transmitted to the churches of Europe and Asia for the rehabilitation of their normal life and work; purchase in America and elsewhere of large stocks of food, clothing,

hospital and medical supplies, automobiles and bicycles for transportation, sewing machines, and printing presses; publication of Bibles and religious literature and preparation of libraries; granting of scholarships and arranging for student exchange; and the collection and shipment of used clothing, food-stuffs, heifers, and other material aids. Social workers and other professional workers are sent to Europe and Asia to provide leadership and training for the staffs being developed by the churches in the war-torn countries.

In addition to this coordinated program several church groups have maintained relief agencies, of which the American Friends Service Committee is an example. *See FOREIGN RELIEF AND REHABILITATION AND INTERNATIONAL SOCIAL WORK.*

Recruiting, Training, and Placement

The multiplication of social service institutions and agencies of the Protestant churches has been accompanied by an increase in the number of trained social workers on their staffs. Professionally trained personnel has usually been sought among those members of the church who have had training in a school of social work and are now working in secular or nonsectarian agencies. In normal times the supply of such workers recruited from other agencies has served the needs of church institutions. At present, however, with the wide general demand for social workers, the churches are recruiting college seniors to train in the schools of social work. Through regional conferences and the efforts of college chaplains the opportunities for such employment are presented to young churchmen. Scholarship assistance is offered by some of the denominations. Several are developing personnel departments for the recruitment, training, and placement not only of all types of church workers, but especially of church social workers. An interdenominational agency active in this process is the Association of Church Social Workers, formed in 1934. The Association has developed standards of church social work as a profession, and maintains an employment and placement service.

Coordination

Because so many institutions and agencies of the Protestant churches have been organized by their own autonomous boards of directors or by various national boards, it has been difficult to develop programs of coordination and integration. However, in recent years rapid strides have been made, and at the present time most of these church agencies are realizing the advantages to be derived from such association. Various programs are developing. Several of the denominations themselves, notably the National Lutheran Council through its Division of Welfare, the Episcopal Church through its National Council Division of Christian Social Relations, and the Methodist Church through its Board of Hospitals and Homes, keep in close touch with all their social work institutions and agencies, providing them with field service, surveys, bulletins, and regional conferences. State and local federations of churches, through their departments of church and social work, offer counsel and advice to church institutions and encourage representatives of these institutions to come together at the time of state conferences of social work or at meetings and conferences of the local federations.

An inevitable trend growing out of the development of councils of churches and the ecumenical movement is the coordination, and in some cases federation, of the Protestant social services in a given community. This process, at various stages of development, is part of the program of the councils of churches in Baltimore, Chicago, Detroit, and Washington, and is most highly developed in Los Angeles. Through the departments of social service of these councils the programs of the various agencies are coordinated and developed, experience is pooled, central services are provided, and in at least one case a united budget appeal is made to the local chest. In some instances the local chest and council of social agencies have encouraged this program and helped to finance the central office. In New York City the Federation of Protestant Welfare Agencies (not a department of the federated churches) includes in its membership over 200 welfare and health agencies in some way related to the

Protestant churches. On the national level the Federal Council of Churches, through its Department of Christian Social Relations, brings together representatives of the various denominations for conference and consultation on the church and social work. The Home Missions Council provides this same service for activities carried on in the rural field. The Church Conference of Social Work, administered by the Department of Christian Social Relations of the Federal Council, meets annually in conjunction with the National Conference of Social Work. Among its specific objectives are: making available to church social workers the resources of the National Conference of Social Work, development of cooperation between churches and social agencies, recognition of the resources of religion in the rehabilitation of individuals and groups, promotion of approved methods of social work, and development of policy and strategy in Protestant social work.

Related Activities

Distinct from social work in its institutional or agency sense are several other activities of the Protestant churches which can be characterized as having social work content: notably, the pastoral ministry and social education and action.

1. Pastoral counseling. Since the early 1920's there has been a steady increase of interest in some of the theological schools and among interdenominational associations in the relationship of social work and psychiatry to the training and practice of ministers of religion. One of the earliest experiments was conducted in Cincinnati where a group of theological students under the leadership of an Episcopal layman spent their summer vacation working in social service institutions and agencies of that city and in attendance upon special lectures and discussion groups. Out of this summer school for seminarians developed the Graduate School of Applied Religion which in 1944 affiliated with the Episcopal Theological School in Cambridge, Mass., where it works in close association with the institutions, agencies, and schools of social work in the Boston area. The Council for

Protestant Social Work

Clinical Training of Theological Students was organized by members of several churches and gives its major attention to providing concentrated clinical training and experience in penal and correctional institutions and state hospitals. There the theological students spend at least three months working with the regular chaplain of these institutions or a supervisor provided by the Council, and attend the staff conferences or special discussion groups arranged by these institutions. The Council works in close cooperation with the Commission on Prison Chaplains of the Federal Council of Churches in training their candidates for work as chaplains in the federal prisons. In Boston the Institute of Pastoral Care operates a general training and study program for clergy in cooperation with the Massachusetts General Hospital. In 1944, board and staff members of these three associations, together with affiliated and interested faculty members of various theological schools, held a joint conference on clinical training.

In addition to these clinical training programs many of the theological schools themselves are adding some social work and psychiatric content to the regular curricula. The purpose of these courses and field experience is to give the theological students increased insight into individual and group behavior, opportunity for the development of skills in pastoral counseling, and some knowledge of the availability and use of community agency resources. In some cases these courses are provided by regular staff members of the seminaries; in others, they are given by arrangement with social workers and other specialists from community agencies. There is evidence that a larger number of the clergy are seeking specialized training in the field of social work and counseling. Returning chaplains are entering schools of social work or are attending the specialized training courses of clinical training and the summer sessions of the Yale School of Alcohol Studies.

This movement in the Protestant churches is stimulated and coordinated by the Commission on Religion and Health of the Federal Council of Churches. The Commission, organized in 1938, directs its attention to the

education of ministers endeavoring to secure an extension of conventional theological training to include the general principles of mental hygiene and the relation of religious experience and religious ministry to the maintenance of mental and physical health. Regional conferences are held, and a significant body of literature has developed. During the war the Commission cooperated with the United Service Organizations, Inc., and the General Commission on Army and Navy Chaplains in providing seminars and training institutes on pastoral counseling for chaplains in military service. The Commission cooperates with the Veterans Administration in recruiting, training, and placement of chaplains in the veterans' hospitals; with the Bureau of Prisons in the Department of Justice in training and placing chaplains in the federal prisons; and with various state departments in improving religious ministry in state hospitals and correctional institutions.

2. Social education and action, distinguished from social work and the normal missionary and parochial program of the churches, are widely accepted activities of all the churches. The general philosophy is that individual Christians and the Christian community have a responsibility to know the nature of community problems and to understand how action can be taken to improve these situations. Social problems included are those in the economic and industrial fields, family relations, race relations, and world order. Study material is prepared and conferences and study groups are organized. The Council for Social Action of the Congregational Christian Churches publishes a monthly magazine, *Social Action*, and bulletins defining recommended action on current subjects. Labor Temple in New York is a study and action center maintained by the Presbytery of New York. Among other official agencies representing these interests of the churches are: Department of Social Education and Action of the Board of Christian Education, Presbyterian Church in the United States of America; Board of Social Missions of the United Lutheran Church in America; Commission on Social Relations of the American Lutheran

Conference; Department of Social Welfare of the United Christian Missionary Society, Disciples of Christ; Council on Christian Social Progress, Northern Baptist Convention; and similar agencies of the Methodist Church, the Protestant Episcopal Church, the Evangelical and Reformed Church, the Reformed Church in America, and the Unitarian Association.

In addition to these official agencies of the churches, six associations of churchmen are federated in the United Christian Council for Democracy, namely: the Methodist Federation for Social Service; Commission on Christian Social Action of the Evangelical and Reformed Church; Presbyterian Fellowship for Social Action; Church League for Industrial Democracy (Episcopal); Unitarian Fellowship for Social Justice; and Rauschenbusch Fellowship of Baptists.

At the national interdenominational level, social education and action are promoted by several divisions of the Federal Council of the Churches of Christ in America and by the International Council of Religious Education. In 1945 the Federal Council and cooperating bodies established a Washington office which issues a weekly *Memorandum for Executives* providing information on current legislation of special interest to the churches. The Council's Department of Research and Education has organized a study of Christianity and the economic order, sections of which appear in periodic issues of *Information Service*. The Department of Race Relations has organized interracial clinics in 18 cities which look forward to the establishment of permanent community-wide associations.

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ALMON R. PEPPER

PSYCHIATRIC SOCIAL WORK¹ is social work undertaken in direct and responsible working relations with psychiatry. Practiced in hospitals, clinics, or under other psychiatric auspices, its essential purpose is to serve people with mental or emotional disturbances. A psychiatric social worker is one who has spe-

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

Psychiatric Social Work

cialized training and experience for such practice.

Psychiatric social work has felt the impact of two world wars and its development is inextricably bound with the emergence of military psychiatry as an important medical specialty. The first world war stimulated the organization of training for the field and widened the opportunities for practice. The second demanded of the profession increased and improved performance in a wide variety of tasks at home and abroad. Now, in the post-war period, the focus is shifting to practice in the heavily burdened clinics and hospitals of the Veterans Administration as well as in the equally crowded civilian facilities set up by communities to look after the mental and emotional health of their citizens. Psychiatric social workers have long been recognized as essential members of these clinical teams.

The passage of the National Mental Health Act in 1946, and the current demand on the part of informed citizens that all psychiatric patients receive adequate care and treatment, should provide still greater opportunities for training and practice in psychiatric social work. See National Mental Health Act in MENTAL HYGIENE.

Wartime Developments

The American Association of Psychiatric Social Workers, organized in 1926 and traditionally concerned with standards and conditions of professional practice in this field, opened a War Service Office under a full-time secretary in 1943.

The Office facilitated the flow of the limited number of qualified personnel to war-gearred psychiatric social work agencies, and located and identified many qualified nonmembers of the Association. Through the voluntary registration of those men and women in the armed services who were either graduates of schools of social work or who had had civilian experience in social work, the Office was able to assist Army officials in locating a substantial number of qualified men for positions in military psychiatric social work. The establishment of the Office, made possible through a grant from the Rockefeller Foundation, was

undertaken because the Association anticipated an excessive displacement of professional personnel during the war and felt responsible for maintaining adequate standards of practice as well as for serving the military forces through its specialty. The Office was closed in December, 1945. Through a grant of the Commonwealth Fund a history of its operation is now in preparation.

The Army's acceptance of military psychiatric social work as a specialized function was among the noteworthy achievements of the War Service Office and its voluntary registrants within the Army and the Division of Neuropsychiatry in the Surgeon General's Office. Official military action was taken in the fall of 1943 through the establishment of classification SSN 263—military psychiatric social work—for qualified enlisted men.¹ Military psychiatric social work was strengthened further in September, 1945, when classification MOS 3605 was approved, giving officer status to those who could meet the qualifications incorporated in Technical Manual 12-406. Since then, a request has been sent to the General Staff by the Surgeon General that reserve status be granted to those individuals who qualify in this specialty and who otherwise meet the requirements. An announcement made in 1946 indicates that partially qualified individuals in the Army may have an opportunity for further training in military psychiatric social work in the school for military neuropsychiatry in Brooke General Hospital.

Although during and following World War I the American National Red Cross employed psychiatric social workers to a degree commensurate with its responsibility for the social work staffing of the neuropsychiatric sections of Army and Navy hospitals, it was not until World War II that the number of psychiatric social workers employed by this organization became notable. Despite increases in staff, however, personnel shortages persisted as the occupancy of the hospitals continued to increase. This limitation of available personnel was mutually faced by the Red Cross and the

¹ See Ross, "An Army Number: SSN 263," *infra*.

Army and recourse to the use of nonprofessional hospital workers (case aides) was agreed upon. These workers perform limited duties under psychiatric social work supervision, giving service to neuropsychiatric patients in Army institutions. They, as well as generic workers in the program, receive in-service training by psychiatrists and psychiatric social workers before being placed.

Psychiatric social workers have been stationed by the American Red Cross in Army and Navy hospitals. In some Army hospitals they have worked alongside the Army's own military psychiatric social workers.

To provide leadership and to assure the maintenance of standards and the most economical utilization of personnel, the Red Cross employs consultants in psychiatric social work on the national and area staffs. Throughout the war years a special committee of the American Association of Psychiatric Social Workers has served the Red Cross in an advisory capacity.

Training scholarships in psychiatric social work have been given by the American Red Cross since 1942. By July 2, 1946, there had been 102 graduates.

In the civilian community, psychiatric social workers felt the impact of war along with the rest of social work. Many served in induction centers as "medical field agents" for the Selective Service System. A few found their way into industry. Many remained at critical posts on the home front, where they not only continued to perform their specialized duties but helped in community planning for neuropsychiatric rejectees from military duty, and for rehabilitation services to war and civilian casualties. Others continued in their positions on the staffs of mental hygiene and child guidance clinics and of state and private hospitals.

Personnel and Standards

During the war the American Association of Psychiatric Social Workers joined other professional associations in forming a committee to work on problems of personnel. This committee, formerly called the Wartime Committee on Personnel in the Social Services and in 1946 renamed the National Committee on Per-

sonnel in the Social Services, has directed its attention to the problems arising from personnel shortages and displacements. It has done much to focus attention upon certain underlying difficulties in the field such as the fact that an absence of salary standards for similar positions in the same or different settings was an important factor in the turnover of the staff, affecting placements and leading to severe understaffing in certain agencies.

A survey of the employment of psychiatric and medical social workers in hospitals and related medical agencies throughout the United States is currently being made by the Department of Statistics of the Russell Sage Foundation.¹ The major purpose of the inquiry is to gauge present tendencies with respect to salaries, including the relation of salaries to such factors as grade of position, extent of preparation, length of experience, size of city, and geographical area. Data are also being collected concerning some items of personnel practice that are closely related to salaries, including hours of work, vacations, sick leave, and provision for retirement.

The Veterans Administration, under Public Law 390, effective July 1, 1946, has set a pattern which, it is hoped, will lead more students into this field and eventuate in a general raising of standards in respect to education, experience, and salaries. There are now five professional grades of social work positions in the field stations of the Veterans Administration, ranging from P-2, Social Worker, at a beginning salary of \$3,397 per year, to P-5, Chief, Social Service Division, Branch Office, at a maximum salary of \$6,862 per year.

There seems to be no tendency, despite current pressures, to break down standards either in the education or necessary qualifying experience of psychiatric social workers. Cogent questions have been raised both by the profession itself and by psychiatrists as to a further and better delineation of the function of these workers. It is realized that wider training opportunities must be opened to them if their numbers are to be substantially increased.

¹ See Hurlin, *infra*.

Psychiatric Social Work

Professional Schools

At present there are 13 schools which provide a specialized two-year curriculum for psychiatric social work training. Seven of these schools, stimulated by the wartime demand for psychiatric social workers, have developed their programs within the past three years, namely: Boston University, School of Social Work; University of California, School of Social Welfare, Berkeley; Catholic University of America, School of Social Work, Washington, D.C.; Tulane University, School of Social Work, New Orleans; University of Minnesota, School of Social Work, Minneapolis; University of Pittsburgh, School of Applied Social Sciences; and Washington University, George Warren Brown School of Social Work, St. Louis.¹ Since 1942 there have been as many requests to the American Association of Psychiatric Social Workers for help in developing psychiatric curricula as there were in the ten-year period just preceding the war. The new curricula for class and field work content developed by the American Association of Psychiatric Social Workers in 1942-1943 and currently recommended to schools desiring to establish training in this specialty, give special importance to the disciplined working relation of psychiatrists and psychiatric social workers, to the necessity for an extensive background in psychopathology and its social implications, and to recognition of the normal range of emotional phenomena. See EDUCATION FOR SOCIAL WORK.

Adaptations in Practice

During the war years various adaptations in practice were necessary. Civilian hospitals and clinics treating the mentally and emotionally ill were virtually stripped of psychiatric personnel in several categories; especially did these agencies lose their psychiatrists. At the same time the influx of patients continued, since the general population became more currently aware of the nature of emotional dis-

order and began to demand treatment. Many mature workers who stuck to their civilian posts were obliged, in the face of mounting needs and in an understandable desire to conserve gains already made in established clinical settings, to take some responsibility for treatment and diagnosis. Now that the war is over, this assumption of responsibilities due to the exigencies of the emergency is tending to recede. Conceivably, after an evaluation of such an extension of practice, this experience on the part of certain psychiatric social workers may lead, as some psychiatrists have already suggested, to a more specialized use of such workers as therapists under appropriate supervision by the psychiatrist.

Not all of the adaptations made in the practice of psychiatric social work during the war were directly due to shortages. Some were due, in part, to the thoughtful conclusion that certain aspects of the work could be accomplished more effectively in groups than with the individual patient. The experience of the Red Cross and of those practicing military psychiatric social work was significant in supporting this conclusion. In the literature which has developed on this subject distinction is made between "working in groups" and group psychotherapy. Especial clarity is needed on this point if military experience is to be successfully adapted to civilian practice.

All psychiatric social workers during the war learned, if they were not already cognizant of the fact, that short-service cases can be in certain situations as productive as long-term ones, that depth and intensity are not synonymous with length, and that there are special techniques to be learned in this area.

It is conceded that current psychiatric social work practice will be profoundly affected by the new treatment methods now being used by psychiatry itself. Shock treatment, the use of sodium amytal, experimentation with briefer analytic treatment and group psychotherapy, to mention but a few of the newer developments, are indicative of new content to be mastered and new techniques to be devised. See MENTAL HYGIENE.

A greater readiness on the part of the gen-

¹ The other six schools are: New York School of Social Work, Pennsylvania School of Social Work, Simmons College School of Social Work, Smith College School of Social Work, University of Chicago School of Social Service Administration, and Western Reserve University School of Applied Social Sciences.

eral public to seek help with mental and emotional problems seems a direct outgrowth of the experience of Selective Service boards and of the publicity attendant upon the psychiatric programs of the Army and Navy. Large numbers of trained volunteers came into contact, for the first time, with mentally and emotionally ill persons and learned much from the psychiatrists attending them. Social workers have become increasingly aware of the problems and hence interested in the field of mental hygiene practice. It is to be hoped that the short-training devices utilized by the military services during the war can be effectively adapted in peacetime to the further education of the layman and volunteer.

As in any growing profession, questions and controversies are appearing in psychiatric social literature, as well as in the literature of psychiatry itself. The chief controversy at present centers in the question as to whether psychiatric social workers can and do practice therapy. If so, under what conditions and with what training; if not, how is their work differentiated from what other social workers do, and how from the psychotherapeutic techniques of psychiatry itself? These are philosophical and technical questions which are currently receiving a great deal of interested attention and discussion.

The United States Public Health Service, charged with the administration of the National Mental Health Act, estimates a 71 per cent shortage of psychiatric social work personnel. Its officials, appalled at this situation, are asking whether use can be made of case aides, partially trained but experienced social workers, or psychiatric nurses, if all are under competent psychiatric social work supervision. This is no standard-breaking device but an earnest desire on the part of the United States Public Health Service to see that the public, demanding psychiatric service, shall get it. The Public Health Service is aware of standards in this field and plans to foster and maintain those of the American Association of Psychiatric Social Workers. One of its obligations, quickly accepted, is to stimulate further training.

The severe shortage of qualified personnel

is illustrated by the fact that, of the 282 state hospitals in this country, the 135 responding to the Russell Sage Foundation request for information as to social work personnel disclose that nearly one-third have no social worker. Some have no such positions, while others are unable to fill budgeted positions at salaries available.

The war seems to have brought psychiatric social work face to face with reality. Although cognizant of many pressing and complex problems, the profession is certain that sound plans can and will be made for their solution.

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MARGARET HAGAN

PSYCHOLOGICAL TESTING IN SOCIAL WELFARE. Social agencies, in their concern with the promotion of human welfare, are constantly faced with the need of helping individuals with various problems of adjustment. To achieve the most desirable results it is important to know not only about the problems involved but also the essential facts about the individual who is facing them. In addition to developing methods of his own the social worker has always been alert to the techniques devised by workers in allied fields. With the development of tests the psychologist soon became a valuable member of the staff of many agencies, notably schools and child guidance clinics.

The first tests used to establish the relation between test scores and college marks were tests of simple sensory-motor processes. The results, as could have been expected, were negative. It was left to Binet to establish the fact that in order to study the higher mental processes involved in general alertness and ability to learn, it is necessary to employ tests which bring into play these higher mental processes. In trying out a variety of tests on school children, Alfred Binet and his collaborator, Theodore Simon, made the empirical discovery that

certain of the tests grouped themselves around certain ages; and in 1908 they published the first intelligence scale which was based upon the concept of mental age. The expression of test scores in terms of mental age was so definite and so easy to understand that translations and adaptations of the Binet-Simon tests soon became widely used. Tests were beginning to be accepted not only as aids in the study of the individual and in the organization of school classes, for example, but they were being offered as a panacea for the solution of many problems such as delinquency and crime. To some psychologists it soon became apparent that test results must be integrated with data available from social, psychiatric, medical, and other sources. The development of the clinic team in the child guidance type of organization, consisting of the psychiatrist, psychologist, and psychiatric social worker, and the wider contacts with the community at large, did much to place the utilization of tests in its proper perspective.

Carefully evaluated and used as part of a wider study, tests can be very useful in many areas concerned with social welfare, such as adoption, mental retardation and superiority, school classification and guidance, behavior and personality maladjustment, special abilities and disabilities, physical handicaps, delinquency and crime, studies of racial and nativity groups and of social and economic status, activities in the field of business and industry, vocational guidance, general and specific research projects, and so forth. The social worker wishes to know what tests are available and what they attempt to measure. He needs information as to when the testing of a client is indicated, how to prepare the client for the experience, how to use the results of the test, how to evaluate the findings, and how to interpret them to others. He should know the limitations of the test as well as its values.

Psychological tests can be classified in various ways, depending upon the purpose involved. The following is a brief description of some of those which have proved to be clinically useful.

Psychological Testing in Social Welfare

Tests of General Intelligence

One of the most widely used tests of general intelligence is the Stanford-Binet Scale as revised by Terman and Merrill in 1937. This consists of 129 tests covering the ages from two years to superior adults, although no adults were actually used in the standardization. A variety of problems are sampled. Thus, there are comprehension questions, absurdities, word naming, memory for reading and report, ingenuity, vocabulary, and so forth. For the younger ages some concrete tasks such as block building, stringing of beads, execution of commands, and so forth, are included, while for the older ages the tests are largely verbal. The test score is expressed in terms of mental age (M.A.) and, following William Stern, an intelligence quotient (I.Q.) is secured by dividing the mental age by the individual's chronological age (C.A.). The upper limit of the growth of intelligence is not yet satisfactorily determined. For the purpose of the above scale, however, an upper limit of fifteen years is set for the divisor, so that for individuals who are fifteen or older the mental age is divided by fifteen. The test manual provides special tables to determine the I.Q. The obtained I.Q. is then classified into a number of intelligence categories. The following I.Q. classification is found to be clinically useful:

Below 65	Mental deficiency
65-74	Borderline
75-84	Backward or retarded
85-94	Low average
95-104	Average
105-114	High average
115-124	Superior
125-134	Very superior
135 and above	Exceptionally superior

There has never been any justification for classifying I.Q.'s of 140 and above as "genius." It certainly takes more than mere I.Q. to warrant such designation.

In a random sampling of the population, about 66 per cent of children fall into the three average categories of I.Q., 85 to 114. To make possible educational and vocational planning as well as general prediction, it is essential that results obtained on a single examination agree with findings of any subsequent test. Numer-

ous studies of re-examinations following various intervals of time show that, in general, the I.Q. remains relatively stable or constant for the great majority of cases, with an average change of five or six I.Q. points. In a small percentage of cases more marked changes occur. Recently there has been considerable controversy over the effect of environmental stimulation upon the constancy of the I.Q. No conclusive or even satisfactory evidence which is generally applicable has as yet been submitted. Obviously growth of intelligence does not occur in a vacuum, and a constant interplay between endowment and the opportunity to utilize and develop it is taking place. However, no amount or degree of training or environmental stimulation can produce superiority where native capacity is lacking. It can help in the fuller realization of the potential which exists. The more trained and experienced the clinical psychologist is the more he can determine the reliability of his test findings and predict the probable direction of change.

Another widely used intelligence test is the Wechsler-Bellevue Intelligence Scale, which Wechsler standardized on a large group ranging in age from seven to seventy years. The scale consists of eleven tests, five of which—plus a vocabulary test used as an alternate—constitute a verbal scale and five form a performance scale. The "full scale" combines both the verbal and performance series. The tests have been separately standardized for ages ten through fifteen years and for ages sixteen to sixty years. The verbal scale consists of tests covering information, general comprehension, memory span for digits forward and backward, similarities, and arithmetic reasoning, and a vocabulary test as an alternate. The performance scale tests include picture arrangement, picture completion, block design, object assembly, and digit symbol. This scale not only appraises manipulative ability and verbal facility, but the general test patterning is also helpful in differentiating several clinical groupings.

Both the revised Stanford-Binet and the Wechsler-Bellevue tests are given individually. During World War I and since, a great variety of group tests of intelligence have been devel-

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oped. These can be given to large groups at the same time and generally contain tests such as vocabulary, analogies, arithmetic reasoning, information, completion, and so forth. While the tests have the advantage of time saving and ease of administration, requiring little or no training, they have many limitations and frequently result in gross injustice to a particular individual. They are more useful as a screening device; and those who make low scores should be recalled for further study. Final evaluation should always be based upon an individual examination. The Army Alpha, Thorndike, CAVD, Kuhlmann-Anderson, and Otis are examples of group intelligence scales.

Developmental Tests

The study of the growth and development of infants has both practical and theoretical aspects. It is important to be able to recognize mental retardation at an early age. It is especially important to evaluate the development of the infant in cases of adoption and foster home placement. Several scales are available. The developmental schedules most widely used are those of Gesell and his co-workers. Gesell distinguishes four fields of behavior: motor behavior, which includes postural reactions, sitting, walking, grasping, and so forth; adaptive behavior, or ability to adjust to objects and situations; language behavior, which includes all forms of communication; and personal-social behavior, or the child's reactions to his social environment. Separate evaluations are made for each of the above fields. The Cattell Infant Scale results in a general evaluation of the child's development. The Cattell scale has five tests for each age interval and begins with the second month of life. Infant testing presents numerous problems, many of which have not yet been solved.

Preschool Tests

Special tests are available for the preschool group, ages eighteen months to about six years. Among others these include the Minnesota Preschool Test, divided into verbal and non-verbal parts which can be used separately or together, and the Merrill Palmer Scale. The latter consists of 93 items, most of which uti-

lize performance tests. These tests, usually attractive to children, attempt to get a sampling of the child's reaction to a variety of standardized situations. Provision is also made to meet occasional negativism or refusal to perform on a given test.

Performance Tests

As the name implies, these tests measure general intelligence in terms of the individual's ability to manipulate concrete material. Originally developed for the deaf, the illiterate, and foreign-speaking individuals, norms have also been obtained on normal English-speaking subjects. Single tests as well as batteries of tests are available. The best known are the Pintner-Paterson series, consisting of fifteen performance tests, and the Grace Arthur Point Scale, consisting of eight of the above tests to which were added the Porteus Maze Test and the Kohs Block Designs. The Porteus Maze Test consists of a series of mazes of increasing difficulty, while in the Kohs Block Designs the subject is required to form designs with colored cubes similar to designs which are presented to him on printed cards. Among other single performance tests are the Seguin Form Board, the Ferguson Boards (in both of these tests the subject is required to replace blocks of various geometric design), the Healy Picture Completion Tests, requiring the selection of missing parts, and others. Since some of the performance scales consist of several tests similar in nature, some psychologists prefer to make up their own batteries of tests to insure an adequate sampling of a variety of test situations. Performance tests generally make possible numerous observations on how the subject attacks new problems.

Nonlanguage tests of the paper and pencil variety are also available and can be used for group testing of individuals who have a language handicap. Here again there is need for caution in accepting results, especially low scores. Directions for these tests can be given by means of pantomime.

Educational Tests

Educational tests deal with the measurement of achievement in the various school sub-

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jects and are available as single tests or batteries. They have been standardized for primary and secondary school subjects as well as for many college subjects. The Metropolitan Achievement Test and the Stanford Achievement Test cover the grammar school subjects, while the Sones-Harry H.S. Achievement Test covers (a) language and literature, (b) mathematics, (c) natural science, and (d) social studies at the high school and college entrance level.

Diagnostic Tests

When a pupil shows considerably lower achievement in a school subject than can be expected on the basis of his grade placement, his score in other subjects, or his general mental level, it is important to determine whether this discrepancy is the result of some special situation or whether it is due to a specific disability. The most common difficulties are found in spelling, arithmetic, or reading. Diagnostic tests are helpful in determining the type of disability. The Buswell Diagnostic Test in arithmetic helps to discover how the pupil performs the various operations and what his difficulties are. There are several spelling tests such as the Ayres Scale and a number of diagnostic reading tests such as the Monroe-Orton, the Gates Silent Reading, the Iowa Silent Reading, and so forth. In considering subject disabilities it is also important to study the emotional factors which contribute to the disability and which at times are largely responsible for it. Cases differ and must be studied on an individual basis.

Special Aptitude Tests

These include tests of general capacity in a given area such as manual dexterity, ability to visualize and manipulate spatial relations, motor coordination, and so forth, or tests of special abilities in specific fields, such as mechanical ability, musical ability, ability in art, and so forth. Among the former are aiming, tapping, finger dexterity, and tweezer dexterity tests, the Minnesota Spatial Relations Test requiring the assembly of pieces differing in size and shape, the Minnesota Paper Form Board which tests the ability to match geo-

metric figures, and so forth. The second group includes the Stenquist Mechanical Assembly Test for boys which requires the reassembly of common objects such as a bicycle bell, push button, cupboard latch, mouse trap, lock, and so forth; and the Toops I.E.R. (Institute of Educational Research) Assembly Test for girls, which requires the assembly of a bead design, cross-stitch, rosette, key ring, trunk tag, and so forth. There are also several paper and pencil tests which measure mechanical perception and information about mechanical objects and problems.

Other specific tests are art tests and tests of musical discrimination. The Meier-Seashore Art Judgment Test, for example, consists of 125 pairs of pictures. The two pictures are the same except for some detail, and the subject indicates his preference. His judgments are then compared with judgments received from artists and art teachers. The Seashore and the Kwalwasser and Dykema Music Tests, given by means of phonograph records, measure a number of elements which contribute to musical ability. These include capacity to discriminate very small differences in pitch, intensity, timbre, and rhythm, as well as tests of tonal memory, time, and so forth.

In this general area, much still remains to be done to prove the validity of the tests.

Vocational Tests

Tests are also available for specific vocational fields. These include clerical tests, such as the Minnesota Test for Clerical Workers, the Blackstone Stenographic Proficiency Test, and tests in typewriting, vocational interest, and so forth. This field is especially difficult because few tests have demonstrated their validity, and constant caution is essential since many factors besides ability to make high scores on tests enter into vocational success. Interest in the job, perseverance, ability to get along with others, emotional and personality factors, opportunities for promotion, as well as many imponderables and chance occurrences, all play a part in vocational success and must be considered and evaluated. It is also important for the examiner to know industry and

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business: not only the opportunities but also the limitations.

Personality Tests

Although much progress has been made in the field of personality testing during the past several years a great deal still remains to be accomplished. There is lack of agreement on the definition of personality, and the word has different meaning to different workers in the field. In general, there are two types of personality tests: paper and pencil questionnaires or inventories, and tests usually designated as projective techniques. While the various questionnaires, rating scales, and inventories may work in special situations and under special circumstances it is always difficult to be certain to what extent the replies received are true evaluations of the attitudes, feelings, and traits of the individual who is rating himself or about whom the judgments are made. With proper safeguards and for certain purposes, as in Army selection, for example, they may be useful as screening devices. The projective techniques, as the title implies, are tests which present the subject with materials or situations which are indefinite or unstructural; and in making his responses the subject projects the dynamics of his own personality. The best-known tests of this type are Murray's Thematic Apperception Test and the Rorschach Ink Blot Test. The former consists of a series of pictures depicting various scenes; and the subject is asked to make up a story about each of the pictures. The assumption is that in so doing the subject will reveal some of his own problems and strivings. The Rorschach test consists of a series of ten ink blots, and the subject is shown one at a time and requested to tell what he sees. An elaborate system of scoring, depending on whether the blot is seen as a whole or in part, on what determined the response, on the content, on reaction time, and so forth, makes possible an interpretation of personality which gives greater insight than any other test thus far devised. In addition to acquiring skill in the technique of the test the examiner must have a great deal of clinical training and experience as well as insight.

Application of Test Results

Psychological tests properly interpreted and evaluated can contribute enormously to the understanding of the individual and his problems. They also make possible numerous observations of the subject's behavior and reactions to a variety of situations under standardized conditions. Among the factors which must be considered in evaluating test results are the physical condition of the individual, especially hearing and vision; his age; school and work history; race, nativity, and social and economic status; special environmental opportunities and limitations; the range of successes and failures, or "scatter"; test inter-correlation; special abilities or disabilities; emotional blocking; and so forth. The social worker, through his knowledge of the social data and through his contact with the individual, can contribute much to the psychologist. The intricate problems of human behavior will always require the integrated attack of professional workers from many fields.

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PUBLIC ASSISTANCE. The term "public assistance" is commonly applied to old age assistance, aid to the blind, and aid to dependent children under the Social Security Act, and to general assistance. However, it is also used here to include other programs from public funds, such as operation of public homes, assistance to veterans, and emergency war assistance. Public assistance is one segment of a comprehensive social security program designed to enable needy persons to maintain an accepted standard of living, and to promote

the general welfare by supplementing individual and joint voluntary and other governmental effort. Its basic purpose is the conservation of human resources through measures that support individuals' efforts to maintain themselves and to participate in community life as they wish. Acceptance of this purpose and of the principles on which it rests determines coverage and effectiveness of the public assistance programs.

The right of needy persons to assistance has had a limited recognition in statutory law since colonial times. There is growing acceptance of this right and of the responsibility of government for defining the terms of its relationship to the individual in need of assistance, and for clarifying the responsibility of the applicant or recipient to make known his needs and freely to decide whether to avail himself of the agency's services.

COVERAGE AND EXPENDITURES

Traditionally, assistance to needy persons was a responsibility of the localities and states. Under pressure of the depression in the early 1930's, when local and state resources were no longer sufficient, the federal government made grants to states, first as loans and later as direct grants for assistance and work programs. These antedated the more comprehensive programs established in and since 1935 when the Social Security Act authorized the federal government to make grants to states for old age assistance, aid to the blind, and aid to dependent children. General assistance is furnished by states or localities, or both. Public homes providing maintenance and care for needy persons are financed usually (a) by one county, (b) in a few states, as district homes, by a group of counties, or (c) in a few instances by the state. The federal government has been responsible for two temporary war assistance programs since 1942.

The participation of the federal government in the public assistance programs is an affirmation of the basic right of needy persons to assistance, and that equity in treatment of individuals in need is a matter of national concern in a democratic country. However, the various programs financed from public funds

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do not now assure assistance to all needy individuals in every community, nor make possible everywhere the maintenance of a minimum standard of living through the use of adequate and uniform standards of assistance. Equity in administration and comprehensive coverage are retarded primarily by variations in the fiscal capacity of states and in their appropriations and the present distribution of federal funds. There is also a significant relationship between staff understanding of human needs and behavior, and operation of the programs. In some communities, change in social attitudes has proceeded more rapidly than statutory and administrative provisions, which do not yet reflect new social attitudes about individuals' rights.

The Social Security Act (passed in 1935 and amended in 1939 and 1946) authorizes federal grants to states, "To provide for the general welfare by establishing a system of Federal old-age benefits, and by enabling the several States to make more adequate provision for aged persons, blind persons, dependent and crippled children, maternal and child welfare, public health, and the administration of their unemployment compensation laws." The Act recognizes the complementary functions of insurance, assistance, and public social services, and the necessity for supplementing state and local efforts in a comprehensive program of social security. It provides a legislative base for expansion of federal responsibility for national health and welfare programs.

For the approval of state plans for grants to states to furnish financial assistance to needy aged and blind individuals or with respect to needy dependent children, the public assistance titles—I, IV, and X—of the Act require that assistance be available throughout the state and be administered in a uniform and equitable manner, and that information about applicants and recipients be used only for purposes directly connected with the administration of the program. "Financial assistance" is defined as money payments. These provisions implement the purpose of the Act that a needy individual has a right to assistance, which will enable him to exercise his rights and discharge his obligations in the same manner as other

members of the community, and that financial dependence does not invalidate his right or his capacity independently to exercise judgment in the management of his affairs. The purpose also is reflected in other requirements that safeguard the dignity and integrity of the individual and his right to responsible dealing with his government in establishing his eligibility for assistance. However, who shall be included in the programs and how much assistance shall be available to them depend primarily on the states' laws and rules and regulations, the states' resources and appropriations, the availability of general assistance and of medical assistance, and entitlement of the individuals to other governmental resources.

Total federal grants to states for the three special types of public assistance from 1936, when such grants were first made, through June, 1946, were \$3,300,000,000. Of this amount, about \$2,700,000,000 was for assistance and administration of old age assistance, with only \$76,000,000 for aid to the blind, and \$487,000,000 for aid to dependent children. These grants were based on the amount of individual payments to eligible persons. The federal government matched 50 per cent of the assistance payments in old age assistance and aid to the blind up to \$40, and up to \$18 and \$12, respectively, for the first and each additional child in a family receiving aid to dependent children. Federal funds were available to 50 per cent of the administrative cost in aid to the blind and aid to dependent children, and 5 per cent of the total federal grant for assistance was added for administration, or assistance, or both, in old age assistance. The total amount disbursed by states during 1945 for assistance and administration of the three special types of public assistance and for general assistance was slightly over \$1,000,000,000, of which 40 per cent came from federal, 46 per cent from state, and 14 per cent from local funds.

A preponderantly large number of recipients of the three special types of public assistance in the continental United States in June, 1945, lived in counties classified as nonmetropolitan. Many factors entered into this, undoubtedly. Recipients or other members of

their families had greater employment opportunities in the metropolitan areas, especially during the labor shortage of the war years. Likewise beneficiaries of the insurance provisions of the Social Security Act are concentrated in large urban areas where there are more extensive opportunities for covered employment. Allowances to dependents of persons in the armed forces may also have affected the distribution of assistance recipients and tended to lower the proportion of those who were in nonmetropolitan areas during the war. More than 4,000,000 family allowances were being paid in June, 1945, to dependents of persons in the Army alone, some of whom might otherwise have needed assistance. A distribution of payees by states for an earlier month indicated that for the country as a whole, disproportionately large numbers probably lived in nonmetropolitan areas.

All but three states held regular or special sessions in 1945, during which a number of laws were passed extending and strengthening the special types of public assistance. Eligibility factors more stringent than the Social Security Act requires were liberalized or deleted in some instances. Increased appropriations, the raising or deleting of maximums, and legislation about standards for determining need and support from relatives made possible more adequate assistance to needy persons.

Coverage of the three programs was extended in a number of ways. One of the most significant was a reduction of residence requirements in one or more programs in six states, and in five states various provisions for payments to individuals out of the state. *See Settlement Laws in MIGRANTS, TRANSIENTS, AND TRAVELERS.* Several states repealed restrictions against providing old age assistance or aid to the blind, or both, to inmates of private institutions, with the result that in June, 1946, only four states had blanket prohibitions against such payments in old age assistance and three in aid to the blind. In aid to dependent children the major extension of coverage was effected through laws that raised the age limit for eligibility and through deletion or

modification of other state provisions more restrictive than the federal act.

The special types of public assistance were also strengthened by 1945 legislation concerning support of dependents by relatives; this affected chiefly the programs of old age assistance and aid to the blind. Most of this legislation recognizes that laws placing on relatives responsibility to support are often ineffective, and that from the standpoint of public assistance it is the actual support, not just the responsibility for it, that may eliminate or reduce the need for assistance. It also recognizes that legislation that does not deprive an individual of assistance because he has relatives able to support him gives the persons involved greater freedom to work out financial and other aspects of family relationships.

In 1945, legislation enacted in some 20 states about maximum and minimum payments to individuals strengthened the public assistance programs under the Social Security Act. A number of states raised or eliminated maximums in one or more programs. In part, this reflects the growing acceptance of the fact that the federal maximums were not meant to limit assistance payments, but only the extent of federal matching. Seven states passed legislation affecting methods of determining need and the amount of the assistance payment, two specifying that standards for determining need were to be based on studies of living costs.

Effective October 1, 1946, the amount of the individual assistance payment in which the federal government will participate was increased to \$45 a month for old age assistance and aid to the blind, and \$24 a month for the first child in aid to dependent children and \$15 a month for each subsequent child in the same household. Federal reimbursement to the states for expenditures for old age assistance and aid to the blind is to equal the sum of the following proportions of the total amount expended as assistance, excluding any expenditures in excess of the maximums: two-thirds of such expenditures up to \$15 a month, times the number of recipients who received assistance, plus one-half of the remainder of such expenditures. In aid to dependent children,

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the proportions are the same except that the federal share is two-thirds of the first \$9.00, times the number of children who received assistance. When the Act was amended in August, 1946, it was estimated that legislation will be needed in a number of states to enable them to take maximum advantage of the new provisions. Six states had previously passed amendments authorizing a change in maximums in line with changes in the federal act as they might occur.

Old Age Assistance

Federal-state old age assistance programs have been in operation in 48 states, Alaska, Hawaii, and the District of Columbia since 1938. In all but one jurisdiction, state plans provide for making old age assistance payments to needy persons sixty-five years of age or over in accordance with the age requirement in the federal Act. Colorado makes payments to persons sixty to sixty-five years of age, although federal matching for these is not available. Federal matching is available for old age assistance to states whose approved plans do not impose a state residence requirement of more than five out of the preceding nine years and continuous residence in the state for the year immediately preceding application, nor a citizenship requirement which excludes any citizen of the United States. The old age assistance program has had perhaps more approval than any of the other public assistance programs under the Social Security Act. In June, 1946, the number of recipients represented about one in five persons sixty-five years of age and over in a population rapidly aging, in which aged persons are now estimated at 7.5 per cent of the total population. Twenty-five states had a higher ratio of recipients to aged population than that for the nation. The range extended from 5 per cent to 50 per cent.

State eligibility requirements for old age assistance have followed in part the provisions of the Social Security Act. Although there are no citizenship or residence requirements in the federal Act, in July, 1946, citizenship requirements were in effect in 20 states, and only 3 states had removed all durational residence re-

quirements. Of the 19 states which had a residence requirement less than that permitted under the federal law, 14 required only one year of residence in the state.

In common with the two other special types of assistance the number of persons receiving old age assistance continued to increase yearly from 1936 to 1942. During the war period there was a slight decrease partly because of the employment resources for older persons and partly because of the availability of income from relatives in the armed forces and in industry. At the low point in August, 1945, the number of recipients was 9.8 per cent less than at the June, 1942, peak. From September, 1945, to June, 1946, the number increased 3.6 per cent. The increase in total amount of payments to recipients (federal, state, and local) in 1945 over 1944 was 5 per cent.

In June, 1946, 2,100,000 persons received old age assistance totaling \$66,400,000.

In 1945, \$726,000,000 was expended for old age assistance payments; 47 per cent of this was from federal, 46 per cent from state, and 7 per cent from local funds. In 22 states half the expenditures were from federal funds. In November, 1945, more than one-sixth of the old age assistance payments exceeded the federal maximum; 25 states made no payments over \$40.

State legislation on old age assistance in 1945 followed, in general, earlier trends. The legislative maximums on payments were eliminated in two states and raised in seven. One state made permanent its temporary maximum of \$50. In addition, Texas amended its constitution to increase state maximums to correspond with the federal maximums; Washington deleted its \$40 maximum and established a \$50 monthly minimum, minus income and resources. Utah raised its minimum from \$30 to \$40. Three additional states authorized payments in excess of their regular maximums to meet medical needs. The use of studies of living costs as a basis for standards for determining need was made mandatory in Illinois and Washington. Residence requirements were eliminated in the program in Pennsylvania and reduced to one year in Illinois and North Dakota. In July, 1946, there

were no statutory or administrative maximums on old age assistance payments in 13 states. Maximums higher than the federal were in effect in 7 states; maximums were the same as the federal in 25 states; they were lower than the federal in 6 states.

Trends in payments for old age assistance are evident from a comparison of average payments. In June, 1943, the national average was \$24.67; and in June, 1946, it was \$31.48. The lowest average payment in any state for the same months was \$9.15 and \$11.79. The highest increased more proportionately—from \$37.60 to \$53.53.

Aid to the Blind

Forty-five states, the District of Columbia, and Hawaii made payments in June, 1946, under approved plans for receiving federal matching for half of the cost of administration and half of the cost of assistance not in excess of \$40 per month to "needy individuals who are blind." In Missouri, Nevada, and Pennsylvania, there were state programs for the blind in which the federal government did not participate. Alaska had no program.

In some respects, state eligibility requirements for aid to the blind differ from those in the Social Security Act more than in old age assistance. The Social Security Act has no citizenship or residence requirements in aid to the blind, and in April, 1946, 40 state plans did not require applicants for aid to the blind to be citizens, 21 had a more liberal residence requirement than that permitted under the federal Act, and 4 did not contain any durational residence requirements. In addition, 21 states waived all residence requirements if the individual became blind while residing in the state. Some states impose legislative or administrative requirements that limit receipt of assistance to persons over a specified age—e.g. sixteen years—to those who do not solicit alms, or whose blindness is not attributable to misconduct or self-inflicted injury.

The number of recipients of aid to the blind increased slowly after the initial impact of the first three years of the Social Security Act. In 1942 a slight decrease began, although two additional states (Illinois and Kentucky) inau-

gurated programs in 1942 and 1943. The war effort, which greatly accelerated some industries and brought into the labor market handicapped and other persons not usually employed, increased the employment opportunities for blind people. The number of recipients declined steadily from September, 1942, to September, 1945. There has been a gradual increase in numbers each month since. In June, 1946, about 74,000 persons received aid to the blind, including those in three states without a federally aided program. This number represented an increase of 4 per cent over June, 1945, and the expenditures for assistance increased 18 per cent in the same period.

In June, 1946, the average payment was \$34.05 and the total assistance from federal, state, and local funds was over \$2,500,000. In 1945 nearly \$27,000,000 was expended for aid to the blind, of which 35 per cent was from federal, 55 per cent from state, and 10 per cent from local funds. In 23 states at the end of 1945 some payments were in excess of \$40. Such payments comprised 18 per cent of all payments under approved plans. In 3 states the highest payments were below \$40.

State legislation for aid to the blind was amended in 1945 in ways that will extend coverage and increase payments. Two states eliminated and four raised their maximums. Other legislation was concerned with elimination of an age requirement, the special needs of the blind and the cost of meeting such needs, property ownership, reduction of residence requirements, and support from relatives. In June, 1946, there was no statutory or administrative maximum in 14 states. Maximums in the approved plans were higher than those in the federal Act in 5 states; the same in 25 states; and lower in 3 states.

The national average payment in aid to the blind has increased from \$27.07 in June, 1943, to \$34.05 in June, 1946. The smallest average payments in individual states in the same months were \$10.71 and \$13.34; the largest were \$48.78 and \$59.61.

Aid to Dependent Children

Alaska's plan for aid to dependent children under the Social Security Act became effec-

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tive July 1, 1945, bringing the number of states in the program to 50. Nevada still had a small program without federal financial participation. The number of programs in which the federal government participates had increased slowly since 1938, when 42 approved state plans were in operation. The Social Security Act prohibits a residence requirement of more than one year in the state and defines a dependent child as "a needy child" under sixteen years of age, or under eighteen if regularly attending school, who has been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent and who is living with a specified relative in his or their own home.

Though this program has great social potentialities, the full provisions of the Act have never been utilized. Conclusive estimates on the number of children eligible but not receiving benefits have never been made, but it seems likely that additional children would be eligible were it not for a variety of factors. In some states funds are limited by economic conditions, in most others appropriations for this program have not been commensurate with those made for old age assistance or aid to the blind. Local financial participation, also, is more common in this than in the other two programs under the Social Security Act. In a number of states, maximums on payments limit the extent to which assistance can be provided in accordance with accepted standards of minimum living costs or the state standards of assistance. The influence of the poor laws still persists in restrictive administrative policies, and some state programs have been limited by requirements that the home be "suitable," or by placing durational requirements in cases of incapacity and continued absence of a parent before making assistance payments.

In July, 1946, 26 states had no statutory or administrative maximums on payments; 15 had maximums identical with those in the Social Security Act (including 2 which also impose a family maximum); 7 had higher maximums; and only 2 states had maximums on payments below that figure. Four states had

legislative approval for making payments for children sixteen and seventeen years of age without requiring school attendance, and 6 had no durational residence requirements. Property limitations and provisions that assistance constitutes a claim against the state are infrequent in the program.

The program was more immediately and extensively affected by the expanding labor market and availability of dependency allotments in the war period than were the old age assistance or aid to the blind programs. The decline in the number of families aided began in April, 1942. From that month to October, 1944, it was 37 per cent. Since August, 1945, there has been a consistent slight monthly increase in numbers of families and children receiving payments and in amount of total payments.

In June, 1946, over 311,000 families with almost 800,000 children received aid to dependent children, totaling \$16,700,000. In 1945, total expenditures for assistance in the aid to dependent children program, including payments without federal matching in Nevada and Alaska, were \$149,000,000, 33 per cent being from federal, 49 per cent from state, and 18 per cent from local funds. In Nevada the local units met all the costs.

In November, 1945, payments in excess of the federal maximums were made in 36 states; 51 per cent of all payments were in excess of these amounts. In 14 states no payments exceeded the federal maximums.

The trend is toward a more realistic application of the broad aid to dependent children provisions of the Social Security Act and larger payments. In 1945 legislative sessions, maximums on payments were raised in four states and deleted in four (including one which made no change in the maximum per child, but deleted the family maximum). Five states amended or deleted provisions in relation to residence, to need and its determination, or to the type of home in which a child may live.

Progress toward the objective of the program for aid to dependent children is perhaps best illustrated by a comparison of average payments to families. In June, 1943, the na-

tional average per family was \$38.89, the lowest state average payment being \$18.29, the highest \$66.88. In June, 1946, the corresponding figures had been increased to \$53.70, \$21.37, and \$99.28.

General Assistance

Public responsibility for assistance to all needy persons has been assumed historically by localities and states. General assistance programs may be administered and financed by states or localities or both. In some localities it is wholly lacking, and in others the program provides only emergency assistance. There was state financial participation in the program in 36 states during 1945.

Variations in eligibility requirements and in available funds create great unevenness in the general assistance programs. Lack of uniformity marks eligibility conditions among states and among local units in a given state. In some states and localities residence requirements are more restrictive than in the federal matching programs, despite great need that frequently exists among our present mobile population. In a few states the general assistance program provides fairly comprehensive coverage and is administered as a cash assistance program based on adequate standards of assistance, and with due regard for the rights and dignity of the recipients. In a number of states or localities, however, the program has many characteristics of the early poor laws. Assistance is frequently given in vouchers for specified items rather than in assistance payments which would enable recipients to direct their own expenditures. Federal financial participation and deletion of residence restrictions would substantially assist the states in developing more flexible programs to meet need among all groups and without reference to cause.

A wider variety of factors entered into the general decline in general assistance case loads from 1940 through the first half of 1944 than in other programs. Although the expanding labor market affected the case loads generally, available data indicate that at least part of the decline in cases was due to transfers to special types of public assistance rather than to

recipients obtaining employment. After a temporary rise in the number of cases in the last months of 1944 and early in 1945, the number again declined in the summer of 1945, and a marked upswing began in September of that year which continued through March, 1946.

In 19 cities which report general assistance statistics monthly to the Social Security Administration, the opening of a large number of cases has consistently been due to illness or disablement. For the twenty-one-month period before V-J Day the proportion never fell below 35 per cent. Since that time, the percentage has usually been below 35 per cent; in June, 1946, for example, the proportion of cases opened for this reason was 27 per cent. A comparatively small percentage of cases of general assistance has been opened to supplement other types of assistance or to provide assistance after termination of unemployment compensation benefits.

Total expenditures for general assistance in the 51 jurisdictions of the United States in 1944 were almost \$90,000,000, and in 1945 were over \$86,000,000. Approximately 278,000 cases received general assistance in June, 1946, totaling over \$9,000,000, an increase of 19 per cent and 34 per cent on the numbers and amounts in June, 1945.

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Disease or disablement is a common hazard, and prolonged disablement and chronic disease are particularly prevalent in the groups receiving public assistance. A large number of children receive aid to dependent children because of disability of one or both parents. Reports from 21 states during the last quarter of 1945 show that change in economic resources of cases accepted for assistance in the old age assistance program was due to illness or disablement in nearly 27 per cent of the cases, in the aid to dependent children program in 27 per cent, and in 22 per cent in aid to the blind; in 12 states reporting on general assistance, excluding cases opened to supplement the special types of public assistance, the figure is approximately 37 per cent.

Need for medical care is greatest in low-

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income families. Such families spend a greater proportion of their income for medical care and receive much less service than the well-to-do. Families pay about 4 per cent of their income on the average for medical care, but low-income families average more and the well-to-do less than 4 per cent. Some low-income families receive some measure of free medical care, but for a great number this is unavailable in the communities where they live.

A number of factors affect the amount of medical care provided through public funds for persons unable to pay for their care. Doctors and hospitals cluster in larger centers where technical resources are prevalent and this affects the care that might be provided to individuals through public medical assistance. Items for medical care may be included for federal matching in the special types of public assistance, but federal and state maximums and insufficient state funds limit the amount of such payments so that in many instances the cost of medical care cannot be entirely met through this method. Under the Social Security Act payments may be made to recipients of old age assistance and aid to the blind in public hospitals only for a temporary period. An additional factor is that public assistance under the Social Security Act must be provided as a money payment to enable individuals to plan and arrange their own affairs. This precludes federal matching of payments to hospitals and doctors and other suppliers of goods and services, including matching of dues to most of the prepayment plans which require group payment. Other factors, such as lack of employment status and low incomes of recipients and the concentration of prepayment plans in urban centers, also operate to make such plans unavailable to recipients of public assistance.

Medical care is one type of assistance traditionally provided from public funds. Most public assistance agencies now include medical requirements in their standards of assistance for all programs, and medical care accounts for the major portion of the expenditures for general assistance in some agencies. In some places medical care is provided

through a separate medical assistance program. Public welfare agencies most commonly administer public medical assistance, although in a few places this is the responsibility of the health departments. *See PUBLIC HEALTH and PUBLIC WELFARE.* A variety of methods are employed regardless of the auspices — employment by the agency of physicians to give service to eligible persons, use of panels of physicians, and use of all licensed physicians in a state. Public and voluntary hospitals and other community resources are commonly used. The programs differ greatly in their coverage and scope of services. Some are limited largely to recipients of other types of assistance. Others provide medical care also for persons able to meet all their own needs except the need for medical care. Some programs cover only the most serious or urgent types of need for medical care, such as care in acute illnesses; others provide not only care in emergent situations but also preventive, rehabilitative, and curative services for all types of illness and handicaps.

State agencies have recently expanded their programs and area of interest in the care of the medically needy and are increasingly finding the way to use the money payment constructively. During 1945 a number of states passed laws increasing the scope of medical assistance or state financial responsibility for such medical assistance. Some recent legislation provides for payments to the vendors, which are not subject to federal matching. Some legislation raised or eliminated maximum payments in the special types of public assistance to meet medical needs. At the end of 1945, in some 20 programs in 10 states, payments in excess of the maximum were possible when special needs such as medical needs arise. In addition, within the limits of the agencies' standards and available funds, medical care could be provided through money payments in some 50 programs which did not have maximums on the amount of individual payments in the special types of public assistance.

Comprehensive changes in methods of finance and administration are necessary to strengthen the public programs for medical services. Interested groups, including the

American Public Welfare Association, the Council of State Governments, state legislatures and special commissions, and the former Social Security Board have recommended specific measures for this purpose, including additional federal aid to low-income states, removal of federal and state maximums in the special types of public assistance, federal participation in general assistance, federal grants-in-aid for medical care for the needy, and a comprehensive federal system of medical care insurance for workers and their families. *See* MEDICAL CARE.

Public Homes

One of the earliest forms of governmental assistance to needy or infirm persons was provided in colonial times in public homes known as almshouses, poor farms, or infirmaries. Where there is no general assistance and where other community resources have not developed, the poor farm is still the only community resource for needy persons ineligible for the special types of public assistance. In many other places it is no longer a refuge for children and able-bodied adults.

The public assistance titles of the Social Security Act do not authorize federal participation in payments to persons in public institutions except for temporary medical care. It was the intent of the Act that money payments should enable the needy aged and blind to live at home. The expectation that all almshouses would be abolished has not been fulfilled. Many have been closed, and in others there has been a reduction in population, and some have been modernized into infirmaries. The 1940 census reported 125,630 persons over sixty-five years of age (1.25 per cent of that age group) in homes for the aged, needy, or infirm, such as almshouses, homes for the blind, the deaf, and the incurable, and for disabled veterans.

Experience has shown that many aged recipients of public assistance are unable physically to maintain their own homes and desire or need group living arrangements. In 1944 approximately 3 per cent of old age assistance recipients in 19 states were bedridden and an additional 13 per cent were reported to be in

need of considerable care. Seventy per cent of all recipients were in their own homes and about one-fourth were in family homes — usually the homes of relatives. Less than 4 per cent lived in boarding or nursing homes or private institutions. About 5 per cent of old age assistance cases in all states were closed in each fiscal year from 1938 through 1944 because of admission to public institutions; in aid to the blind cases the range was from 5 per cent to almost 8 per cent. The proportion of cases accepted for old age assistance who were residents of a public institution within thirty days prior to investigation was approximately 1 per cent for each of the fiscal years 1938 through 1941.

Several trends are noticeable in the activities of state departments of welfare and state legislative bodies which have concerned themselves during the past few years with the administration of sheltered care. The poor quality of service in rapidly developing commercial boarding homes has stimulated some public agencies to expand or improve existing public institutions. In some places indirect state financial participation in the costs of local public institutions has been effected through providing old age assistance and aid to the blind to persons in public institutions meeting certain standards (as in Illinois and North Dakota, which are making such payments to persons receiving medical care), through making payments to the institutions from state general assistance funds for specific individuals (Utah), and through making payments of old age assistance for personal and incidental needs of persons in county hospitals (Washington). In some states publicly owned buildings (most of them former almshouses) have been leased for operation under private auspices and management. Special studies have been made by legislative request in a number of states, including Connecticut, Illinois, and Missouri. Alabama, Kansas, Louisiana, and Wisconsin are among the states that have studied existing institutional resources, or the need, chiefly among the chronically ill, for institutional care.

State public assistance agencies recognize the need for community planning to integrate

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and develop public and private resources, to increase assistance payments to enable individuals to purchase adequate care or living in private institutions if they wish, and, as a broad public welfare function apart from the public assistance function, to set standards for all types of sheltered care. The question has been raised as to whether federal grants-in-aid should be available to states for public domiciliary care for adults.

There is apparent need for increase in the various types of housing facilities, sheltered living arrangements, and specialized services for our rapidly increasing aged population. However, adequate data are not available to develop national plans. The number of public homes giving sheltered care to adults, the number and characteristics of persons cared for, the number in need of or desiring sheltered living arrangements, and the cost of public homes are not known. Information is needed, in addition, on facilities under private auspices and how these may be made more available to recipients of public assistance and thereby supplement public homes.

War Emergency Assistance

A Presidential allocation to the Federal Security Agency of \$5,000,000 on February 6, 1942, provided for "temporary aid necessitated by enemy action to civilians." Civilian war assistance to civilians and their dependents who were in need because of injury, death, or detention as a result of enemy action or the danger thereof, and also those who were repatriated or evacuated from war-torn countries under government sponsorship, was administered by the Bureau of Public Assistance through state and local public welfare agencies acting as its agents. Civilian war benefits were paid under certain conditions through the Bureau of Old-Age and Survivors Insurance to dependents of civilians who were missing or killed, civilians who were injured as a result of enemy action or the dangers thereof, and to evacuees who suffered disability as a result of malnutrition or maltreatment during detention. The United States Public Health Service provided medical and dental care in-

cluding hospitalization for conditions present on arrival both at the port of debarkation and in the community where the repatriates settled.

The Emergency Fund for the President financed these programs until June 30, 1946. Congress appropriated \$4,750,000 to the Federal Security Agency for 1946-1947 for assistance to citizen repatriates or their children under eighteen years of age and for temporary aid to and the return of civilians evacuated from Hawaii or the Philippines between December 7, 1941, and September 15, 1945. Assistance includes financial assistance for maintenance, medical care, transportation in the continental United States, and clothing if needed, and return transportation to the Philippines and Hawaii for persons living there before December 7, 1941. It is anticipated that 50,000 citizens will be repatriated from Europe during the year 1946-1947 and that many of them will need assistance in becoming re-established in the United States.

In the beginning very few persons were in need of assistance under the civilian war assistance program. The cessation of hostilities, however, expanded its activities to repatriated nationals and evacuees from war-stricken areas, and the case load rose from an average in 1944 of 60 cases per month to about 600 per month in 1945. Fluctuations in 1945 according to arrival of ships varied from 61 in January to 1,717 in May when the peak load of repatriates arrived from the Philippines. Expenditures increased from \$48,400 in 1944 to \$1,462,000 in 1945, the increase being due both to greater number and greater needs of recipients. In June, 1946, about 1,000 cases received assistance or services, with payments to cases amounting to approximately \$104,000. Through that month expenditures to cases from the beginning of the program totaled slightly more than \$2,000,000.

The standards of assistance under this program made it possible to meet actual needs of persons to be re-established when other resources were not available. Assistance provided at the port of debarkation has covered maintenance and incidental needs, transportation to the community where the evacuees planned to settle, and an allowance for main-

tenance while traveling and for several days after arrival at destination. Assistance, medical care, and other services when necessary were available through the local public welfare agency in the community where the evacuee settled.

Enemy aliens and others affected by restrictive governmental action were given assistance and other services also through the allocation of funds to the Federal Security Agency from the Emergency Fund for the President in February, 1942. From July 1, 1944, until the program terminated June 30, 1946, it was financed through congressional appropriation and, during the latter part of that time, with additional funds transferred from the War Relocation Authority. This program also was administered by the Bureau of Public Assistance and operated through state and local public welfare agencies acting as its agents in the 48 states, Hawaii, Alaska, the District of Columbia, and Puerto Rico. Assistance and services were available to evacuees from relocation centers and their dependents, to parolees and their families released from internment camps, and to enemy aliens and other persons and their dependents who had been ordered by the government to move from specified areas.

Funds were first used for emergency needs of evacuees leaving the centers. With the revocation of the mass exclusion orders in January, 1945, resettlement assistance was available to evacuees in need of assistance in becoming re-established in their former communities or relocating in new communities. While most of the evacuees needing long-time assistance returned to their state of residence, resettlement assistance funds were used until their eligibility for other public welfare programs was established and, if necessary, to supplement payment under such programs to meet special needs associated with resettlement.

Need for assistance under the program has been relatively small. The number increased gradually as the War Relocation Authority expanded its relocation program and rapidly after the restrictions from the West Coast were lifted in January, 1945. More than 69,000 Japanese were relocated during 1945. In relation to this total the number in need of

assistance has been comparatively small. The total payments from the beginning of the program through June, 1946, were about \$1,300,000.

The program of assistance to enemy aliens and others was terminated June 30, 1946. Most persons affected by restrictive action of the government had been resettled, deported, or paroled by that time, and the majority of persons were absorbed in the regular community programs. State and local public welfare agencies and private social agencies, however, continue to assist the small number of persons who still need financial assistance or counseling service because of inactivity during the evacuation period, breaking up of family ties, and emotional conflicts in working out relocation problems. *See Japanese-Americans in RACIAL PROGRAMS IN SOCIAL WORK.*

Veterans' Assistance

Although every veteran is entitled to public assistance on the same basis as every other needy person, by August 1, 1946, approximately two-thirds of the states had legislation establishing special provisions for state assistance to veterans that included veterans of World War II. In most instances, the laws include provisions for both cash assistance and domiciliary care in a soldiers' home. Some provisions for special assistance to veterans have been made from colonial times, chiefly through the establishment of soldiers' homes for veterans and in some cases for their wives and children. As of January, 1945, there were 35 state soldiers' homes for needy veterans, 9 of these admitting only Confederate veterans. A number of state statutes make provisions for the dependents of veterans, for incapacitated veterans and their dependents, and a few have special provisions for the families of hospitalized veterans or for particular groups of wounded veterans only. County and local aid may be given in place of, or in addition to, state veterans' assistance.

State appropriations have varied widely but in general have been comparatively small. Funds for the local programs are usually raised through a property tax and are ad-

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ministered through a soldiers' relief commission, composed of representatives of the various veterans' organizations.

Special assistance for veterans may be administered through the department of public welfare or a special state veterans' commission. Some state statutes specifically prohibit the administration of such assistance by an existing public welfare agency; as an alternative, a few states make appropriations to a veterans' organization which then has authority to determine how and to whom funds should be disbursed. In some states the board of trustees of the soldiers' home administers cash assistance to veterans eligible for admission to the home but who, for some reason, cannot become inmates. *See VETERANS' BENEFITS AND SERVICES.*

ORGANIZATION AND ADMINISTRATION

General Patterns

Grants-in-aid to states for public assistance under the Social Security Act have been administered by the Federal Security Agency since the Social Security Board, which previously had that responsibility, was abolished by the President's Reorganization Plan No. 2 in 1946. Within the Federal Security Agency the programs are assigned to the Social Security Administration, of which the Bureau of Public Assistance is one of four operating units. Through its departmental and regional organization, the Social Security Administration maintains a continuing relationship with states operating the assistance programs under the Social Security Act.

With few exceptions—notably, the veterans' assistance programs—the public assistance programs for which states have assumed complete or partial responsibility are assigned to a state department of public welfare which discharges other welfare functions. Within this department the assistance programs are often the responsibility of a separate division of public assistance, or of a social service department which administers child welfare and other programs also.

Locally, there has generally been established a single agency, county-wide in scope, through

which needy persons may receive the type of assistance for which they are eligible. Frequently these county agencies discharge multiple functions. In some instances this agency is also responsible for the administration of the local public institution. In the few states with more than one local assistance agency, the trend toward the consolidation of public assistance administration in one agency has continued. This facilitates providing assistance at a minimum administrative cost and at a minimum of inconvenience to applicants and recipients.

In making grants-in-aid for state assistance programs, the federal government has followed principles of administration tested in experience through governmental and voluntary agencies. State and some large local agencies also have followed the principles of line and staff organization, developed written instructions, and used personal consultation, both on a continuing and specialized basis. In programs without federal or state participation, there is still wide variation in structural organization and administrative practice. Placing general assistance programs that are entirely the responsibility of the local unit in the agency administering the special types of public assistance has contributed to improvement in the administrative methods used in those programs.

Personnel

The Social Security Act requires that state and local personnel administering the three special types of assistance under the Act must be employed on the basis of merit. To meet this requirement, states have developed a variety of organizational patterns. In some states, a state-wide civil service system applies to all state agencies; in others, a joint merit system covers all employees in the health, welfare, and unemployment compensation programs under the Social Security Act; in others, the public assistance staff is covered by a public welfare agency merit system; while a few states present a complex organizational pattern, particularly where county civil service systems cover staff in local assistance agencies.

Appointment of staff by local county boards has presented a problem of enforcement of merit system standards in some states.

Wartime difficulties in recruiting, selecting, and retaining qualified staff continued after the cessation of hostilities. Relaxation of residence requirements and upward adjustment of compensation plans enabled some states to fill the majority of their vacancies with competent staff. However, more than 10 per cent of all positions in state and local public assistance agencies were vacant in 19 states in December, 1945. In this same month total employes in the 48 states and the District of Columbia were estimated at 42,100. Staff increases occurred during the last half of 1945 in about three-fourths of 50 agencies for which data are available, as large numbers of veterans were re-employed, as agencies were compelled by rising case loads to enlarge their staffs, and as several agencies which had been understaffed for years initiated vigorous recruiting drives.

Only a few public assistance agencies found it necessary to lower their minimum educational requirements for new appointees in the lowest professional classes. Statutes in seven states now prohibit use of educational requirements as qualifying for entrance to merit system examinations, although these statutes do not preclude consideration of education in rating candidates.

Agencies have attempted to improve competence of staff by strengthening staff development programs, including orientation of new staff, reorientation of those returning from military service, emphasis on supervision, and educational leave. In spite of staff shortages and financial limitations, some state public assistance agencies, particularly those in Alabama, expanded their programs of educational leave with pay which enabled some of their staff members to qualify for higher education or to continue their professional training. Veterans returning to some state agencies were taking advantage of the educational opportunities provided under the G.I. Bill of Rights. Some states which were compelled to curtail or temporarily abandon their educational leave programs during the war expressed their in-

tention of reinstating these programs as soon as possible. A recent study by the Bureau of Public Assistance showed that 463 employes in social work positions in public assistance agencies in 38 states had been granted educational leave between July 1, 1943, and June 30, 1945. Thirty states had granted educational leave with pay.

Providing Assistance

Procedures for taking applications and providing assistance in old age assistance, aid to the blind, aid to dependent children, and general assistance (when general assistance is administered by the same agency as the special types of assistance) are being continuously tested. Agreement on desirable practice is taking place gradually. The right to make application and the right to participate in the process of determining initial and continuing eligibility, with emphasis on the client as the primary source of information about his situation, are being recognized increasingly in practice as well as in theory. Continuing reviews of administrative practices in state and local agencies by the Bureau of Public Assistance and in some states by state agency review of local agencies have provided a factual basis for evaluating current practice, and for developing more effective procedures to safeguard the rights of needy persons.

Administration of need provisions remains the most complex aspect of determination of eligibility. The goal is not yet generally achieved, of providing assistance in amounts sufficient—when added to their other resources—to enable recipients to obtain a standard of decent and healthful living, and in such a way as to enable recipients to achieve their maximum personal and social potentialities and to make for maximum administrative simplicity. The community support for these principles as reflected in state laws and appropriations, as well as in agency policies and in the manner these policies are interpreted and applied by the staff, determines the extent to which states achieve this goal.

State plans for public assistance under the Social Security Act generally provide for one of four broad types of administration of need

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provisions: (a) a budgetary method under a general need provision in the law, with or without a maximum; (b) a budgetary method under a minimum total amount for recipients' requirements stipulated in law sometimes with variations in living arrangements; (c) a fixed sum minus income and resources with provision for use of income for actual need in excess of the fixed sum; and (d) a fixed sum minus income.

The trend toward a legislative determination of the amount of assistance to a person without other resources has taken place only in the programs of old age assistance and aid to the blind. The budgetary method for determining need and the amount of assistance is the only method followed at present in programs of aid to dependent children. This method is also followed in all general assistance programs which provide assistance through a money payment. For effective administration of all methods of determining need, agency standards for items of consumption and for the evaluation of resources are essential. That state standards for consumption items to be considered and the cost figures for them should be mandatory on all local units, is becoming increasingly evident. Where such standards include both consumption items that must be considered and cost figures for them, they contribute to higher average assistance payments, which can be presumed to provide a rough evidence of the adequacy of assistance. The necessity for uniform standards for evaluation of income and resources in all methods of determining need is only now becoming generally understood.

The newness of the veterans' assistance programs and the absence, in general, of state administrative or supervisory control of county homes and similar public institutions make it impossible to generalize about practices followed in determining eligibility for care under them. In some counties, local public assistance agencies make recommendation about the admissions to public homes, but in others, admissions are still controlled by the county commissioners or the superintendents of the homes.

Processes for determining eligibility and for

providing medical assistance have varied considerably, in part because it has been financed to such a large degree from local funds. The development of standards for medical assistance has also been affected by the variation in methods for providing such assistance, particularly because procedures suitable in a payment-to-vender program are not appropriate in money payments to individuals who wish to purchase care.

RECENT DEVELOPMENTS AND QUALITATIVE ASPECTS OF THE PROGRAMS

There is variation in the extent to which public assistance objectives are being achieved, but evidence of progress is observable in a number of ways.

Legislative recognition of the right to assistance has extended the programs to additional groups. The right is protected by rather common requirements for agency action on applications within a specified time and for procedures by which an aggrieved individual may request a hearing before the state agency. Unusual protection of the right is contained in the South Carolina law that specifies that every applicant found eligible shall receive some benefit from the appropriation for assistance.

The right to adequate assistance is recognized in many laws that state that assistance shall be provided in amounts necessary to maintain standards of health and decency. New York State gives to its Department of Social Welfare the legal right to withhold from a county reimbursement on any assistance payment it considers inadequate to maintain minimum standards of health and decency. The 1946 changes in the basis of federal financial participation in the special types of public assistance indicate public support of the principle that assistance should be adequate and that the federal government must provide a greater share of the cost in order to accomplish this objective. Significant, too, is the legislative basis of a recent decision of the California Supreme Court in which it ruled that the obligation to pay increased assistance awarded after a fair hearing became a debt due the applicant from the county when he

was first entitled to receive aid, regardless of the fact that he had warded off starvation pending receipt of the assistance to which he was entitled.

Many laws and practices safeguard the inherent right of applicants and recipients to be self-directing. Providing assistance in cash safeguards recipients' rights to choose where and how they live. The freedom of needy persons to move from one state to another, denied by state residence requirements for assistance, was recognized in the United States Supreme Court decision in 1941 declaring unconstitutional a California law that made it a misdemeanor to bring an indigent nonresident into the state. The right to develop freely one's personal relationships is protected when outside inquiries are limited in accordance with the applicant's or recipient's wishes.

The right of applicants and recipients to limitations on the agency's use or disclosure of information concerning them, except as these purposes were directly connected with the administration of the program, was affirmed by amendments to the Social Security Act in 1939. Several states have extended to other programs the safeguards required by these provisions of the Act. Some lower courts have accepted pleas that public assistance information is confidential and that disclosure of it should not be compelled in cases not involving the administration of the program.

The Social Security Act makes a nationwide application to public assistance programs of the common principle of administrative law, that an individual has a right to question, through an orderly administrative hearing process, governmental action affecting him. The Act requires that state plans provide for granting to any individual whose claim for assistance is denied an opportunity for a fair hearing before the state agency responsible for the program. Records of requests for hearings in some states suggest that the right to the hearing process is becoming understood by applicants and recipients. There are also evidences of appreciation by the agencies of the value of hearings to correct errors in individual cases and to evaluate policy.

The structural pattern for and the relative

position of public assistance in the social security program is affected by diversity of professional and public opinion and by social and economic factors.

Whether there should be one or more cash assistance programs continues a moot question. Many persons are convinced that the establishment of several types of assistance has been desirable, as it has resulted in increased recognition of the special needs of particular groups, such as the aged and blind. Opposed to it is the conviction of many that a "categorical" approach does not result in complete coverage of all who may be in financial need and for whom government has a responsibility. These believe that a single comprehensive assistance program would more effectively safeguard the inherent right of all needy persons to public assistance adequate to meet essential needs.

Opinions differ about whether medical care to needy persons should be provided through a separate assistance program, the several cash assistance programs, or a health and public medical care program. Resolution of these differences may be greatly influenced by development of social insurance programs for medical care, since public assistance recipients might be included under an insurance program through payment of premiums for them by the assistance agency. Similarly, whether public domiciliary institutions should be developed as public service programs or as a community resource in which individuals would pay for their care, if need be, from public assistance payments, may also be partly dependent on developments in the health and cash assistance programs.

Public assistance is generally considered a residual program, supplementing the social insurance programs which are intended to provide the basic protection for the majority of the population against the economic effects of common hazards. *See* SOCIAL INSURANCE. Significant improvements in the state unemployment insurance programs and in the federal social insurance programs for railroad workers have acknowledged the principle that social insurances should constitute the major public resource for economic security. *See* UNEMPLOYMENT COMPENSATION. On the other

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hand, particularly in the low-income groups, the benefits now being paid under the old age and survivors' insurance programs are in many places less adequate to meet basic needs than the payments under the public assistance programs. The benefit structure of the old age and survivors' insurance program has not been changed since 1939. See OLD AGE AND SURVIVORS' INSURANCE. Several public assistance laws now specify a minimum amount of money to which eligible persons are entitled, either from assistance or from assistance and their other resources — amounts which are higher than minimums in the old age retirement program. There has been considerable interest in state and national legislatures in the development of old age "pensions" to replace the current old age assistance programs. Although efforts in this direction have been directly related to old age assistance, they also have serious implications for the old age retirement program. Both of these programs may be modified as these and other factors affect the national planning for social security.

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PUBLIC HEALTH¹ is basically a governmental function. There is general agreement that the community has responsibility for protecting its people against those hazards that are incident to community life. If all individuals lived quite apart from others, in isolated areas, the danger of infection would be minimal. But community life may be hazardous because of direct or indirect personal contact. Thus the individuals of the community have demanded protection against these dangers.

The Mass Method

Usually a public health measure is employed en masse, in order to protect all persons equally. For example, it is a public health function to protect and safeguard the water supply. In some instances a public measure is applied to an individual or group of individuals: for example, a child may be vaccinated against smallpox, or a person may be isolated with poliomyelitis or hospitalized because of tuberculosis. Here, although the public health activity is applied to an individual the primary purpose is not individual benefit, but community benefit.

Public health is frequently confused with the term preventive medicine, and the two terms are sometimes used interchangeably. This is quite understandable, since the purposes of each activity are quite the same, but the responsibility for these two functions is quite different. Preventive medicine is an individual responsibility; public health is a community responsibility. Often there may be overlapping of activity and some confusion as to just where public health ends and preventive medicine begins, but the distinction is a real one.

Preventive medicine is the application of

medical science in protection of the health of the individual. Its purpose is to provide each person with the opportunity to utilize his physical and spiritual inheritance to its greatest capacity, to develop and grow as a child, to carry out life's work actively and enjoyably, and to live a normal life span with a minimum of illness and suffering. It is an integral part of curative medicine. Each person is under obligation to incorporate it in his daily living, and to secure authoritative information on these matters for himself and for his family. An enlightened and properly educated physician is well informed in the principles of preventive medicine. He becomes the family health adviser, and incorporates preventive medicine in his clinical practice.

Public health is usually administered by an official health agency, but in many instances voluntary agencies have engaged actively in public health activities. Sometimes these activities have been carried out independently, sometimes in cooperation with the official health department.

The major responsibility for the administration of public health is, of course, the official local health department. It is the agency designated by government to carry out necessary protective measures. The state has certain functions to perform which cannot be discharged effectively on a local basis. In addition, the federal government must assume a certain limited responsibility for public health measures which lie within its jurisdiction.

OFFICIAL HEALTH AGENCIES

The character and extent of the service rendered by official health agencies must remain within the limitations of the constitutional and legislative framework in which the agencies operate. Further, the work of each health department—federal, state, or local—is influenced by the social trends and administrative policies that currently prevail in its unit of government; also by the government's financial resources and by the economics and health problems of the jurisdiction served. Because in health matters the federal government subsidizes state governments and the latter, in turn, subsidize their respective

¹ For names of national agencies in this field listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

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local governments, national administrative policies have in recent years tended to reflect themselves in the quality and amount of local health services.

Nevertheless it must be clearly recognized that the local community, and not the state nor the federal government, is directly responsible for the administration of public health in the community. In case of disaster or real emergency, the state may supersede the local community and take over all public health work. In a few instances, the local emergency has been so serious as to imperil the nation as a whole, and direct federal aid has been secured—as in the plague epidemic in San Francisco in 1907—but these are exceptional circumstances. The key to efficient public health throughout the nation is a well-organized, properly staffed, local health department.

Local Health Departments

It is in this stratum of government that health service is brought directly to the citizen. The unit of local government with which health service is associated depends upon the civil administration and tradition that exist in each state. Incorporated communities such as cities have responsibilities and authority under their charters to operate health services. In rural areas, health services may be a part of county, township, or village government. The county is the unit of local health administration in the southern part of the United States. In much of the North, particularly New England, the township and not the county functions. Because in some local units of government the population is small, economic resources at a minimum, and public interest inactive, state health departments are tending toward the establishment of districts for local health administration in rural areas. A district may be made up of 10 to 20 independent townships or of two to four counties.

The organization and programs of local departments depend to some extent upon the size of the community served and the budget provided by local government. In populous communities where resources are great and where by only a slight increase in the tax rate

large sums may be provided, each phase of the local program is under the direction of a well-established bureau. Thus, in a large city a tuberculosis program would insure continuously operating diagnostic clinics with specialists in attendance and with excellent X-ray and auxiliary equipment and, under ideal conditions, adequate hospital facilities. In contrast, a comparatively poor rural community may be unable in its tuberculosis program to provide more than intermittently operated clinics utilizing part-time personnel and occasionally a portable X-ray. A similar reduction in scope and intensity of other phases of public health work is found in small health units, though this should not be interpreted as indicating that workers in rural health departments are less competent than those in cities, for this is not the case. Rural health work is rapidly expanding in quantity, also. Latest available data indicate that some 2,000 of the 3,050 counties of the United States are under the direction of full-time public health officers.

Exact figures on the cost of local health services are difficult to obtain. Budgets provided for direct health services naturally vary with local problems. They are further influenced by community resources and wealth, by public attitude, by the local civil administrative policy. Perhaps the significant extremes in funds available are from 25 cents to \$2.00 per capita per annum. One dollar per capita is accepted as reasonably adequate for most routine health services. Few local health department budgets exceed 80 cents per capita; many must get along on about half that amount.

Municipal health departments developed more rapidly in the United States than rural health services. The reason for this was that the hazards of community life, particularly those related to environmental sanitation, were more obvious and urgent than in scattered farm houses. New York City, for example, organized a reasonably effective health department in 1869, and other, smaller cities had developed active public health services with qualified personnel before this period. But rural health administration with full-time trained personnel was not initiated until the

early part of this century, and by 1918 there were only a few county health units in the country.

Thus the per capita budgets for public health in municipalities are for the most part higher than public health expenditures in rural areas, and the number of personnel in rural areas, particularly public health nurses, is often quite inadequate to carry out a satisfactory program. In many rural communities, funds are not available for a complete public health service. It has become accepted practice for states to give appropriate subsidies for public health work to the less populous or less prosperous rural communities, in order that at least a minimum health service can be provided for the people.

State Health Organizations

In the United States, public health work is, in theory, the responsibility of the various state governments, since the state is the sovereign power. In actual practice, and to a great extent, each state delegates most of these powers and duties to local units of civil administration. The state health organization usually retains broad supervisory and advisory relationships with these local units, establishes standards for personnel and of performance, provides financial aid, and assists in emergencies.

Most state health organizations began as boards of health. Massachusetts is generally recognized as having had the first state board (1869) that has remained in continuous operation. Latest available data indicate that all states except Idaho, Nevada, and Oklahoma have either a board of health or a somewhat comparable body designated as a public health council.

State boards of health usually possess supervisory authority in relation to public health matters, quasi-legislative functions (such as the authority to promulgate public health regulations), and quasi-judicial functions (as in the conduct of hearings and rendering of decisions in public health matters). Courts of law tend to substantiate these regulations and decisions when they are reasonable and within the broad intent of existing statutes. Boards of

health may or may not be vested with executive authority. The trend is to make the state health officer, rather than the board, immediately responsible for administrative matters.

Most states, but not all, have both a department of health and a board of health (or a public health council). The department is the operating agency, the board or council corresponds to some extent to a board of directors. A public health council is advisory rather than supervisory. Before becoming effective its regulations and decisions must, as a rule, be approved by the commissioner of health.

The title of the principal health official of the state varies from one state to another. Most commonly used is the term "state health officer." Where one is designated "state commissioner of health," it indicates that ultimate authority rests in him rather than in the board. When the title is "secretary of the board of health," it indicates that final power is in the board. State health officers may be appointed independently by the governor, or the latter may be required to observe the recommendations of the state board of health. The term of office is, on the average, four years. In the better-established state health departments the health officer serves for a number of terms. Salaries of state health officers average about \$5,500 per annum, with a range from \$2,500 to \$12,000.

In spite of these differences in arrangement and procedure, the public health services of most states are remarkably similar. The operating agency in the state, usually designated a department of health, is made up of a number of bureaus or divisions: central administration, local health administration, laboratories, sanitation, vital statistics, acute communicable diseases, maternal and child hygiene, public health nursing, health education, industrial hygiene, venereal diseases, tuberculosis. Not infrequently, two or more of these primary elements are combined. Thus acute communicable diseases, venereal diseases, and tuberculosis may be combined under one division with the title "preventable diseases." In addition to these divisions, common to most state health departments, special subdivisions are found in some. These are designed to meet local

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needs or particular interests such as malaria, nutrition, adult hygiene, mental hygiene, food and drugs, dental hygiene, pneumonia, and so forth.

The bureaus and divisions of a state health department serve in a dual capacity: (a) in the administration of that part of their respective programs which they operate on a state-wide basis, such as laboratory service, the supervision of public water supplies, or the inspection of hotels; and (b) in their respective technical fields, in an advisory capacity to the state health officer and to local health departments.

The American Public Health Association has published a list of functions regarded as minimal in state health department work.¹ These may be summarized as follows:

Study of state health problems and planning for their solution.

Coordination and technical supervision of local health activities.

Financial aid to local health departments as required.

Enactment of regulations dealing with sanitation, disease control, and public health, which usually have the force of law throughout the state.

Establishment and enforcement of minimum standards of performance of work in local health departments.

Maintenance of a central laboratory and, where necessary, branch laboratories.

Collection, tabulation, and publication of vital statistics.

Collection and distribution of information concerning preventable diseases.

Maintenance of safe quality of water supplies and control of the character of the disposal of human waste.

Establishment and enforcement of minimum sanitary standards for milk supplies.

Provision for services to aid industry in the study and control of health hazards due to occupation.

Prescription of qualifications for certain public health personnel.

Formulation of plans in cooperation with other appropriate agencies for the prompt

mobilization of services to meet the health needs.

The above list of functions deals with what may be called basic public health services which are or should be carried on by a state health department. In addition some state health departments or boards of health have other responsibilities, as in connection with medical licensure. A few are concerned with licensure of osteopaths, chiropractors, podiatrists, undertakers, barbers, or beauty shop operators. Further, many state agencies other than departments of health have responsibilities in the public health field, as in the operation of psychopathic hospitals and hospitals for the tuberculous, medical care in prisons, certain aspects of milk sanitation, and in public welfare.

As nearly as can be determined on the basis of available data, the average amount spent through state agencies for public health work is about \$1.90 per capita per annum.¹ Such a figure must be interpreted with caution, for it represents all expenditures by all state agencies of funds received from various sources. It does not indicate the amount that state legislatures appropriate specifically for health work nor the amount spent by the state health department for the more or less conventional public health activities. Of the \$1.90 spent, about \$1.55 represents state funds. The remainder is derived from various sources including federal. On the average, only 35 cents of the \$1.90 per capita is disbursed through the state health department. Special boards or commissions, departments of welfare, boards of control, departments of labor and agriculture, state hospitals, and so forth, spend the remainder.

Federal Health Services

As noted above, the state is the sovereign power and thus has direct responsibility for protection of the health of its people. The federal government has responsibility for those health matters that are of interstate import, and in case of a dispute between states — as,

¹ American Public Health Association Year Book, 1940-1941.

¹ Mountin, Joseph W. and Flook, Evelyn. "Distribution of Health Services in the Structure of State Government," in *Public Health Reports*. August 22, 1941.

for example, pollution of the water of an interstate river—the federal government has the power to adjudicate interstate affairs.

All matters of international health importance—for example, maritime or airplane quarantine of ships or planes sailing from infected foreign ports to the United States—are a function of the federal government. Furthermore, the federal government has direct jurisdiction over certain areas, such as the territories, the District of Columbia, national parks, and Indian reservations.

Although the Constitution does not contain the word “health,” authority and responsibility for enactment of public health laws and for participation in public health work by the federal government is generally conceded to be implied by Article I, Section VIII, Paragraphs 1, 3, and 17 of that document. Here Congress is given the power to lay and collect taxes, duties, imposts, and excises to provide for the general welfare of the United States, to regulate commerce with foreign nations and among the several states, and to exercise legislation in federal districts, reservations, national parks, and so forth. Thus the federal government, by one type of taxation or another, may make the distribution of dangerous drugs too expensive for profit; by regulation of interstate commerce it insures the potency of vaccines and sera, and prohibits false claims as to the curative powers of proprietary medicines or the shipment from one state to another of meat or other food if unfit for human consumption; or it may enforce legislation to prevent the importation of disease from abroad or the interstate spread of disease; and to these ends it may engage in research in relation to disease. For the common welfare the federal government may assist state health departments through advice, the loan of personnel, or financial grants-in-aid. It is conceivable that much of this nation’s future international health relationships may be built under the President’s constitutional authority to make treaties.

The mechanisms adopted by the federal government for discharge of its public health responsibilities are diverse and, to some extent, scattered. There is no unified national

department of health. The principal agencies at present active in the federal health field are the United States Public Health Service, which is a part of the Federal Security Agency; the Division of Maternal and Child Hygiene of the Children’s Bureau, also in the Federal Security Agency; the National Office of Vital Statistics in the Public Health Service (before July, 1946, this was the Division of Vital Statistics of the Bureau of the Census); a number of bureaus in the Department of Agriculture; and the Food and Drug Administration in the Federal Security Agency. This list is only partial. There are between 40 and 50 federal agencies that in one way or another participate in or provide medical or public health service. *See* FEDERAL AGENCIES IN SOCIAL WORK.

1. United States Public Health Service. Of the federal agencies the Public Health Service has the major and most extensive program and is the one which most nearly provides a national health service. The nucleus of this Service was laid down in 1798 by an Act of Congress which provided that the master of every ship of the United States must deduct 20 cents per month from each seaman’s wages, which amount was paid to the Collector of Port and utilized for the medical care of sick and disabled seamen. Because the Collector of Port was an officer of the Treasury Department, this beginning of federal medical and health service was placed in that department. It remained for one hundred and forty-one years under the direction of the Secretary of the Treasury, and was transferred to the Federal Security Agency in 1939. Since 1912 the agency has been known as the United States Public Health Service.

Through subsequent legislation and appropriations, the responsibilities and resources of this agency have been greatly expanded. In 1935 the Social Security Act re-emphasized and implemented financially the Public Health Service’s opportunities to assist the states in their public health programs. Although for some years the Service had given aid of this sort, this was limited by the meagerness of appropriations for that purpose. Title VI of the Social Security Act, by providing first \$8,000,000 and later \$11,000,000 per

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year, made this aid to the states one of the principal functions of the Service. Other congressional acts and appropriations for control of the venereal diseases and in relation to certain emergency problems of health and sanitation, arising as a result of World War II, have recently increased greatly the financial resources and the responsibilities of the Service. As a part of natural growth and, to some extent, because of somewhat rapid expansion, the Service was reorganized in 1943.¹

The basic organization of the Public Health Service at present is as follows. It has four principal administrative units: the Office of the Surgeon General, the National Institute of Health, the Bureau of Medical Services, and the Bureau of State Services. These major units are broken down into divisions. The Office of the Surgeon General provides a Chief Medical Officer for the United States Coast Guard, provides for matters relating to medical, dental, engineering, nursing personnel, and civil service appointees, and supervises certain technical and fiscal matters. A part of the Surgeon General's Office is the National Advisory Health Council.²

That part of the Public Health Service designated as the National Institute of Health contains the National Cancer Institute as well as divisions concerned with infectious diseases, physiology, pathology, chemistry, zoology, biologics control, and industrial research.

The Bureau of Medical Services is responsible for care of legal beneficiaries of the Public Health Service³ and for foreign and insular quarantine activities. It includes three divisions: hospital, mental hygiene, and foreign quarantine.

The Bureau of State Services is responsible for the functions of the Public Health Service involving grants to states, cooperative work with state health departments and through them with local health departments, interstate

quarantine functions, and such emergency health and sanitation activities as are not specifically assigned elsewhere. This Bureau has four divisions: states' relations, venereal disease, industrial hygiene, and tuberculosis control.

The Public Health Service is a semimilitary organization headed by a Surgeon General.¹ Its officers are commissioned and hold grades corresponding to those in the Army and Navy. In time of war any officer may be transferred to the Army or Navy by Presidential order, or the Corps as a whole may be so transferred. There is a Regular Corps, designed to meet the Service's needs and responsibilities in ordinary circumstances, with a Reserve Corps which may be called into active duty in times of emergencies.

2. Children's Bureau. This agency's public health program is in the field of maternal and child health. The Bureau was quite active in this field in the period 1921-1929 through funds made available from the Sheppard-Towner Act. Between 1929 and 1935 federal appropriations for maternal and child health were meager and the Children's Bureau health program reflected this lack of resources. The Social Security Act of 1935, with subsequent amendments, provides \$11,000,000 per annum for maternal and child health, with \$7,500,000 for crippled children. These funds have been expended in aid of state programs in these fields. See CRIPPLED CHILDREN and MATERNAL AND CHILD HEALTH.

During World War II the Children's Bureau was empowered to organize an Emergency Maternity and Infant Care Program for wives and infants of the four lowest pay grades of the armed services. This was the first direct step ever undertaken by federal government to provide for a uniform distribution of medical care on a nation-wide basis. The plan was designed to meet an emergency situation. It was well organized and well administered. It encountered many technical administrative difficulties and met some opposition from the

¹ Public Health Service Act of 1943, Public Law 184, 78th Congress.

² Not to be confused with the National Health Council, which is made up of representatives of voluntary health agencies and professional associations.

³ See Table 9, in *Annual Report of the United States Public Health Service 1945*, for a classification of these beneficiaries and the types of service rendered to them.

¹ There are thus three Surgeons General in the United States: the Surgeon General of the Army, the Surgeon General of the Navy, and the Surgeon General of the Public Health Service.

medical profession, but had one great advantage in that it taught an enormous group of young mothers throughout the nation the value of good prenatal, obstetrical, and post-natal care. See Emergency Maternity and Infant Care Program in MATERNAL AND CHILD HEALTH.

3. Bureau of the Census. This Bureau's detailed tables as to population constitution and distribution have been of basic importance in public health work. Its Division of Vital Statistics has been the federal agency charged with the collection of statistics of births and deaths of the nation as a whole. It has been obliged to perform this function even though there have been no federal laws requiring that physicians shall report births or certify particulars as to the cause of death; such requirements rest with the states. In the absence of authority in this field, the Bureau of the Census proceeded somewhat indirectly in the discharge of its duties. It has encouraged and aided the states in the passage of effective vital statistics legislation, has exercised leadership in the development of standards and in high grade performance, and has thus aided the states in obtaining prompt and complete reports of births and deaths within their respective borders. With the consent of the states, the Division of Vital Statistics of the Bureau has effected arrangements whereby, for a small fee, it has obtained a copy of each birth certificate and each death certificate received by every state. On the basis of these documents, rather complete tabulations have been made and published annually in a volume entitled *Vital Statistics of the United States*. The Division of Vital Statistics was transferred to the Public Health Service in July, 1946, and retitled the National Office of Vital Statistics. Its functions remain essentially unchanged from those described above.

4. Other federal agencies concerned in public health. In 1940 the Food and Drug Administration, originally established in the Department of Agriculture, was transferred to the Federal Security Agency. It is under the immediate direction of a Commissioner of Food and Drugs, and though in the same major administrative unit as the Public Health

Service, is not a part of that Service. The duties, in general, of the Food and Drug Administration are to prevent the interstate shipment of deleterious, adulterated, or misbranded food and drugs. This agency is not, however, the only federal agency that functions in the control of food and drugs. For legal reasons, certain phases of the work of the Administration are duplicated by activities within the Federal Trade Commission. The control of narcotic drugs is a responsibility of the Bureau of Internal Revenue in the Treasury Department; control over the interstate shipment of vaccines and sera is a function of the Public Health Service; and the administration of the Meat Inspection Act of 1907 is a function of the Department of Agriculture. The Bureau of Mines of the Department of the Interior brings its influence to bear in certain phases of industrial hygiene and, through various offices, other divisions of the Department of the Interior operate medical and health services concerned particularly with Indians and Eskimos.

Students of government and experts in the field of public health feel it to be obvious that further reorganization of federal health activities is desirable. For more than a half-century they have made serious efforts, though without success, to establish one strong coordinated central health agency in the federal government.

VOLUNTARY HEALTH AGENCIES

The place of the voluntary health agency is unique. It serves, in general, in demonstrating the practicability of public health services in fields in which official health agencies have been slow to operate. A second great service is in keeping health problems continuously before the public and in enlisting public interest and support. The voluntary agency is free to develop new ideas and to experiment with new procedures. It can explore new fields, plan social experiments, develop new technics in health promotion, and demonstrate the value of special methods or new types of administrative procedures.

Having demonstrated (or failed to demonstrate) the social benefits that may occur, the

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voluntary agency should then relinquish the demonstrated role to the proper governmental agency so that the activity may then become a part of the official community health protective program. In many instances voluntary health organizations have failed to do this and have continued to operate long after their original purposes have been achieved.

Voluntary health agencies may be national or local in scope. They may be operative and conduct local services, or they may work indirectly in research or in establishing standards, or by providing grants-in-aid or nationwide programs in health education. Usually they are interested in some particular phase of public health work, such as the control of tuberculosis, venereal diseases, or cancer. They may be concerned with the hard of hearing, the blind, crippled children, or nursing care. Local associations may operate clinics for infants or expectant mothers, health education classes, or dispensaries.

Nongovernmental agencies derive their funds from endowments, membership fees, contributions for current expenses, annual fund-raising campaigns (as by the Red Cross), or seal sales (as by the National Tuberculosis Association). Some collect funds from insurance companies for services rendered their policyholders, and occasionally collect small fees directly from patients. Most local voluntary agencies share in the funds of the community chests in their respective localities and a few of them, for special work, are subsidized by local government. *See* COMMUNITY CHESTS.

The great foundations have made and continue to make valuable contributions in the field of public health. *See* FOUNDATIONS AND COMMUNITY TRUSTS. They work in the fields of research and by grants-in-aid to state and local health services and to universities. The universities contribute to public health through the products of research and through teaching. All undergraduate medical students are given instruction in preventive medicine and public health, and many universities provide graduate instruction for doctors, dentists, engineers, nurses, and specialists of various

types who expect to enter upon a public health career.

THE CHARACTER OF HEALTH SERVICES

Vital Statistics

All states require that physicians, or others concerned, make prompt and complete reports of births and deaths. In each locality there is a local registrar to whom certificates of birth or death are sent. This registrar periodically transmits these original certificates to the state health department, usually through the local health department. They are tabulated and studied as to their significance in relation to the public health. Deaths are rather completely and promptly reported in the United States. In most of the states, births are fairly completely reported but not always promptly. An increased demand for certified copies of birth certificates resulted from restrictions during World War II as to employment of aliens in war industry. In many instances, individuals applying for such certificates found their births not to be a matter of record. To meet this need, the states made provisions for delayed registration of birth.

Most state laws in relation to vital statistics are based upon a so-called "model law" recommended by the Bureau of the Census in 1907. The latter agency has in recent years recommended that state laws of vital statistics be so amended as to include data as to marriages, divorces, annulments, and adoptions.

Sanitation

Under this phase of public health work are concentrated health department activities related to the environment. Sanitation is concerned with sewage and excreta disposal, water supplies, stream pollution, and certain aspects of food control such as meat inspection, restaurant inspection, dairy farm sanitation, and pasteurization. Insect control, especially in relation to mosquitoes that may transmit malaria, is exceedingly important in those sections of the United States where this disease is, or may become, a problem. The disposal of garbage, street cleaning, and the inspection and correction of housing conditions are usually carried on by agencies other than the

health department, although in recent years health authorities of this country have become more active in the sanitary aspects of housing.

Communicable Diseases

The physician must report to the health department all communicable diseases that menace the public health and occur in his practice. He must report also any disease he suspects to be communicable. The health department is responsible for instituting control measures such as isolation of cases, quarantine of contacts, search for source of the disease, and such vaccinations or other protective measures as may be indicated.

The incidence of communicable disease has decreased markedly in recent years. Better living conditions, productive health education, sanitation, successful vaccination against an increasing number of diseases, and more adequate health services appear to be the factors responsible. Diphtheria caused 40 deaths per 100,000 population in 1900, while in 1945 the death rate from that disease was a fraction under one per 100,000. The death rate from typhoid fever in 1900 was 31 per 100,000 population; in 1945 it was below 1.0. The death rate from pneumonia (lobar) has been markedly reduced by the use of specific therapy such as penicillin, as has been the case in some forms of meningitis and streptococcus infections. Other acute communicable diseases show decreased death rates but some continue to be serious problems and all of them remain potentially dangerous.

Under a system of national reporting of the occurrence of acute communicable diseases, the state health officers make weekly reports to the Surgeon General of the Public Health Service. This information provides a nationwide and current picture of the incidence of communicable diseases and serves as a basis for both immediate and long-range planning.

Venereal Diseases

All states have laws requiring that physicians in attendance on a case of syphilis must report the case by name or serial number to the local health officer. All except one require that gonorrhea be reported, and most require re-

porting of other venereal diseases. Such reports are not as prompt or complete as might be wished. Cases so reported may be isolated while in a stage dangerous to others. Sources from whom the patient may have been infected and persons whom he may have infected are searched for. Over half the states require premarital examination and evidence of freedom from venereal disease, including blood test; an equal number of states have laws making it compulsory that the physician make a blood test on every pregnant woman who comes under his care. Under federal law and Public Health Service regulations, there are limitations on interstate travel of those infected with a venereal disease. The difficulties of enforcing such a law are obvious. States and cities provide free laboratory service for diagnosis of venereal diseases, and furnish physicians with free drugs for use in treatment of infected persons. Clinics are also provided for those unable to meet the relatively high cost of treatment by a private physician. *See* SOCIAL HYGIENE.

Tuberculosis

Control of tuberculosis is more complex than is control of the acute communicable diseases, as it is a chronic disease and more intimately related with economic and social factors than are such diseases as measles and diphtheria. The disease is reportable, but is neither completely nor promptly reported to health departments.

The greater availability of X-ray and its application in mass surveys have, in recent years, contributed to the early diagnosis of tuberculosis in many who did not suspect that they had the disease. Continuing and effective health education under the leadership of the National Tuberculosis Association and through state and local health departments has made a definite impression upon the public. Better economic conditions and increased knowledge of nutrition constitute distinct contributions. Tuberculosis is definitely on the wane. It has become a disease of middle age rather than of youth. Despite the stress of World War II conditions, the death rate from this disease was not materially increased. This

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is a most fortunate index, and a good augury for the future. See TUBERCULOSIS.

Maternal and Child Health Programs

The objective in this phase of the public health program is to maintain the health of mothers and children or, expressed negatively, to institute such measures as will, to the greatest degree, prevent their illness and premature death. To this end, clinics and health conferences are maintained, home visits for instruction and nursing care are carried out, and, when necessary, all community resources are brought to bear upon any given situation. Through grants-in-aid to the states, the federal government has stimulated intensive work in this field. Practically every state health department maintains a major administrative unit for the conduct of programs in maternal and child health, as do city health departments and even those in comparatively small rural areas. It is a field, too, in which many local voluntary health agencies participate and where the practitioner of medicine, through pediatrics, makes his greatest contribution in the prevention of disease. See MATERNAL AND CHILD HEALTH.

Laboratory Service

All state health departments, directly or indirectly, and many large city health departments provide free services in the laboratory aspects of public health work. Water and milk are examined routinely. Physicians may send in specimens of blood for examination in relation to typhoid fever, malaria, undulant fever, syphilis, and certain other communicable diseases. Diphtheria cultures, specimens of sputum and feces, and material from the various venereal diseases are also examined without cost to physician or patient. Special laboratories are maintained for investigation of foods, drugs, or dangerous products that may enter into industry. In the National Institute of Health (a part of the Public Health Service) there is carried on intensive research in diseases dangerous to the public health; and here, too, all vaccines, sera, and animal products that enter into interstate shipment are assayed as to potency and safety.

Public Health Nursing

This phase of public health work enters into many of the routine activities of health agencies. All state, city, and rural health departments provide this service, and in local health departments more than one-third of the total budget is allocated for public health nursing. The intensity of public health nursing service in a given community is expressed as the number of nurses per population. The ordinarily accepted goal is one nurse for each 2,000 of the population. This is attained in few places. In most local health departments the ratio is about one nurse to each 5,000 of the population. See PUBLIC HEALTH NURSING.

Health Education

This is an activity of all health agencies, national, state, and local, voluntary and official. Its general objective is to carry to the citizen information believed to be necessary for the maintenance of health and the prevention of disease and, further, to insure that the citizen actually puts such information into practice. In disseminating health information all media for approach to the public or to special groups are utilized: addresses, pamphlets, news articles, radio. Information is supplied on various special subjects such as maternal hygiene, child care, tuberculosis, venereal disease control, nutrition. Special programs are organized to reach particular groups such as women's clubs, industrial workers, school children. No small part of health education is carried on by person-to-person conferences, as by physicians with their private patients or in clinics, and by public health nurses in home visits. Pupils in the upper elementary grades or in high schools and in most colleges receive some instruction in personal hygiene and in community sanitation. Sex education is approached indirectly with younger groups, directly with mature ones. National voluntary organizations such as the National Tuberculosis Association and the American Social Hygiene Association carry on intensive health education programs in their respective fields. The Public Health Service, the Children's Bureau, and state health departments provide leadership among the official agencies. Some of the

larger insurance companies work intensively in this field and spend large sums of money annually in advertisements emphasizing personal hygiene and preventive measures.

Dental Problems in Public Health

The most common defect found in the examination of school children or of adults is decay of the teeth. In the latter group, too, pyorrhea is sufficiently widespread to constitute a public health problem. The Public Health Service conducts limited research in relation to dental problems and provides dental care for its beneficiaries, such as merchant seamen; but it has not instituted a nation-wide program in this field. The Children's Bureau contributes indirectly in that health departments may utilize grants-in-aid from this federal agency in establishing dental programs in connection with their maternal and child hygiene activities. Most of the larger cities maintain dental clinics or oral hygiene clinics for preschool and school children, but these are not generally adequate. Dentists interested in the public health aspects of their profession appear generally to believe that the greatest benefits will be attained through better nutrition in early life. They recognize, however, that until these preventive measures are established it is necessary to provide extensive public facilities for remedying of decay that has already occurred.

PERSONNEL

Public health draws workers from many fields. The principal professions represented are medicine, nursing, engineering, and dentistry. In addition there are various specialties such as nutrition, health education, bacteriology, entomology, statistics, parasitology, and veterinary medicine. The American Public Health Association has developed minimal qualifications as to basic education, specialized instruction, and experience that should be possessed by persons employed in one capacity or another. Other professional associations, to which workers in public health belong, contribute much to raising the educational level and standards of their respective groups.

Except for certain phases of work in public health clinics, persons employed give their full time to their public health duties. The larger cities and some states select and appoint public health personnel under a civil service system. This method of employment will soon become the usual one, inasmuch as it is now required that states which receive grants-in-aid through the Public Health Service and Children's Bureau may employ personnel only on a merit system basis, in projects in which these federal funds are utilized. Persons entering upon public health work are tending to engage in it as a career rather than as casual employment.

Graduate Education in Public Health

The physician, nurse, engineer, or dentist is not prepared through his or her basic professional education, and without further training, to enter upon a public health career. Recognizing this, many of the universities have established graduate courses of one year's duration leading to the master's degree in public health. Some provide a Doctor of Public Health degree to which, as a rule, but not always, only graduates in medicine are eligible. A course leading to the degree of Doctor of Science is also provided in some universities. Foundations, particularly the Rockefeller Foundation, recognizing the need for this type of graduate instruction, have made generous grants for the establishment of public health schools and have provided fellowships. The federal Social Security Act, in its provision for grants-in-aid to states, makes possible similar fellowships.

PUBLIC HEALTH DURING THE POSTWAR PERIOD

A marked improvement of medical service was one of the few benefits of World War II, with striking advances made in the field of preventive medicine. The great plagues of the Revolutionary War were smallpox and pneumonia. The Mexican War and the Civil War were characterized by terrible epidemics of intestinal infection, particularly bacillary dysentery. Typhoid fever occurred in disastrous proportions in the Spanish-American War in

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1898. Influenza killed more people in 1918 than were lost in action in World War I. Typhus fever destroyed millions of people during, and as an aftermath, of that great conflict. All of these "war" diseases were held in check in both the soldier and civilian population during and after the war just ended. The discovery of substances such as D.D.T., which is so effective in destruction of insects, paved the way for the control of typhus in Italy and in North Africa. Insect repellents and other agents, together with new methods of treatment and of sanitation, brought the dreaded tropical diseases in the South Pacific under control within a short space of time, and with surprising ease and effectiveness. The eventual results of these developments in the saving of human life, and in the opening of hitherto uninhabitable areas of the tropics to settlement, are difficult to overestimate.

Influenza vaccine was used for the first time on a large scale in the Army, in the fall of 1945. Its value is still unpredictable, but there is reason to hope that the solution of the control of this greatest of all pandemic disease may be consummated within the present generation. The war stimulated the studies in "antibiotics" such as penicillin, streptomycin, and a host of others. This field of research is in only its initial stages, yet the results in life-saving from such dreaded diseases as pneumonia, streptococcus infection, cerebrospinal meningitis, and many others, are nothing short of miraculous.

The studies on air sterilization by the United States Army Epidemiological Board may prove to be one of the most important public health developments of the war. The newer knowledge of the epidemiology of rheumatic fever and infectious jaundice represents notable advances in medical science.

Venereal disease has always occurred in epidemic proportions as an accompaniment of war conditions. Developments in administrative procedure and new methods of treatment have held venereal disease in check during World War II as never before, among both the soldiers and the civilian population.

The results of the extraordinarily successful efforts of the various medical research

groups of the Army, Navy, Air Force, United States Public Health Service, and other groups have not been published. In fact, many of them have not yet been fully digested nor has their full import been appreciated. The developments in nuclear physics, pursued primarily for destructive purposes, may in the end prove of immeasurable benefit in prevention, early diagnosis, and possibly treatment of degenerative diseases.

Never before had there been so much interest in medical research, never such coordination of plans, nor so much money available for investigation. Out of these scientific researches grew the concept that nation-wide coordinated research had great advantages. It was realized that the federal government should sponsor and subsidize coordinated medical research. This principle was incorporated in a message to Congress by President Truman, *infra*, and was placed before Congress in the Magnuson Bill, the Pepper Bill, and several others.

The fear of invasion of tropical disease as an aftermath of the war has proved to be unfounded. It now seems clear that malaria, filariasis, plague, cholera, schistosomiasis, scrub typhus, amebic dysentery, and other tropical diseases which seriously menaced our soldiers while on field duty in the tropics will not be transplanted to the United States, there to set up permanent centers of reinfection. Small outbreaks of certain tropical diseases will undoubtedly occur, particularly bacillary and some types of malaria; and the wide range of airplane travel that has developed during the war will undoubtedly introduce new infection from various foreign sources, particularly from the tropics, to our coastal and also perhaps to our inland cities. But there is every reason to believe that means are at hand to control major potential dangers from these sources.

A profound postwar effect upon public health is the dawning social consciousness that preventive medicine is an integral part of medical care. The inadequacy of distribution of medical and public health services in America was made plain during the war years. The lack of hospital facilities for many rural areas,

and the faulty distribution of full-time county health services, became apparent. Furthermore it is clear that it is impossible for the average man to secure completely adequate preventive and curative medical care on the present "fee-for-service" basis of payment. Incorporation of preventive medicine into clinical medicine must, it is recognized, be organized on a prepayment plan for family care. An attempt to remedy all these defects in our system of the administration of medical services was incorporated in a controversial bill before the 79th Congress, namely, the Wagner-Murray-Dingell Bill. See MEDICAL CARE.

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WILSON G. SMILLIE

PUBLIC HEALTH NURSING¹ in the United States had its inception in 1877 with the introduction of bedside nursing for the sick poor. From this original limited purpose it has become a movement of broad social and health significance and has often been referred to as the unique contribution of the twentieth century to public health. The ends sought now by public health nursing are the restoration of the sick, the alleviation of suffering, the prevention of disease, and optimal health for all the population. These ends are those of the broad medical and public health programs of which public health nursing is but a part. See MEDICAL CARE and PUBLIC HEALTH.

In 1912 when the National Organization for Public Health Nursing was formed, the term "public health nursing" was adopted to indicate that such nursing was for all of the people. However, there is some confusion today over the use of this term, since some think it refers only to nurses employed by public health departments. Actually, public health nursing includes also the work of nurses employed by schools, industries, voluntary health agencies, insurance companies, and others.

The public health nurse makes her unique contribution through her personal service, which includes both nursing and teaching. She renders this service by making visits to

¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

Public Health Nursing

families in their own homes for the dual purpose of affording part-time nursing care and giving health instruction. She also works in health centers, clinics, schools, and industrial plants and may be employed by a governmental or voluntary health or nonhealth agency. In addition to giving individual personal service, the public health nurse, in cooperation with other health and social workers and interested citizens, participates in community-wide activities for health education, for the development, support, and use of health and social welfare resources, and for applying accepted standards of administration and coordination of nursing services.

Public health nursing is available to all, irrespective of age or of economic or social level. Payment for nursing care is usually on the basis of a fee approximating the cost per visit for those able to pay in full or in part, with free service to those unable to pay. Some governmental agencies, insurance companies, and prepayment medical care schemes contract for service, at a cost per visit or at some other rate, with agencies supplying public health nursing. The educational visits not involved in nursing care are generally made without charge to the patient, with the cost borne by the community.

Personnel

Public health nurses are graduate registered nurses who, to become fully qualified, must have special preparation in public health nursing. Today there are 20,800 public health nurses in the country. Their number has remained fairly stationary throughout the war although affected by the needs of the armed forces and civilian hospitals for nursing personnel. Nurses occupy slightly more than one-half of the classified technical positions in health department staffs and, from 1936 to 1944, filled more than one-half of the trainee positions in the programs sponsored under Title VI (the Public Health Section) of the federal Social Security Act, and the federal Venereal Disease Act. *See* SOCIAL HYGIENE. Because public health nurses are a part of the total nursing profession, and because all nurses are increasingly being taught, in the basic courses, the social and health aspects of nursing,

it is significant that nursing is the largest single occupation in the health and medical services. In 1940 it ranked second among all professions and thirtieth among all occupations, according to the United States census.

The supply of nurses since the end of the war has fallen far short of the demand for their services. Among the reasons are the high marriage rate among nurses, their dissatisfaction with working and living conditions, the participation of returned military nurses in educational opportunities under the "G.I. Bill of Rights," and the long terminal leaves given military nurses for necessary rehabilitation. The discontinuance of the nation-wide drive for recruitment and training of student nurses through the United States Cadet Nurse Corps, and the lack today of the war-effort appeal, are other causes for this shortage in personnel.

At the peak of the war, the goal of 65,000 new nursing students a year was met. For 1946 a goal of 40,000 was sought. Recruitment on a nation-wide scale is now in the hands of the National Nursing Council, with the assistance of the Nursing Information Bureau, both operating with limited funds, staff, and facilities. To help correct this situation, the National Nursing Council (formed in 1940 as the National Nursing Council for War Service) and the Bureau of Labor Statistics of the Department of Labor have undertaken a joint study of the socio-economic status of nursing as compared with other professions and occupations for women; and the National Organization for Public Health Nursing is making a study of personnel policies in public health nursing. Meanwhile, the heightened public interest in more adequate provision of health and medical care has created a new demand for nursing service of all types, including public health nursing.

The generally accepted estimate of the desirable ratio of public health nurses to the population is one to 2,000 if the program includes care of the sick. The actual ratio for the country as a whole is about one to 7,000. This disparity seems to indicate a need for at least 40,000 additional public health nurses. However, in order to determine more exactly the number needed in relation to graduate nurses

without special public health preparation, practical nurses, other types of professional workers, and volunteers, more local studies will be required. Such studies should involve examination of the functions and relationships of all workers in the expanding number of health teams at work in clinics and similar settings. Not only is the supply of public health nurses far short of the demand, but there is faulty distribution of those that are at work in the field, with 909 counties and nine cities having no public health nursing service.

The national nursing organizations are working on these problems through the National Nursing Council, the Joint Committee on Community Nursing Service, and the Joint Committee on Nursing in Prepayment Plans, in all of which the National Organization for Public Health Nursing is an active participant.

Educational Preparation

The times call for a better prepared public health nurse than is now generally to be found. There is need not only for improvement in basic nursing education but also for advanced specialized courses for future consultants in such fields as mental hygiene, maternal and child health, and industrial and school nursing. Increasingly, the public health and social phases of nursing are being included in the basic curriculum. Three schools¹ now integrate public health nursing so completely in the basic program that they have been approved by the National Organization for Public Health Nursing as qualifying their graduates for staff positions under supervision. Public health nursing educators are now concentrating on a further development of this plan as well as on the preparation of various types of consultants. The National Nursing Council has planned a study of the whole nursing education situation. The National Conference for Cooperation in Health Education is including school nursing in a study it has undertaken of the functions of school health personnel. See SOCIAL AND HEALTH WORK IN THE SCHOOLS.

Community Organization

To stimulate provision of the right kind, amount, and distribution of public health nursing service, the National Organization for Public Health Nursing, with the assistance of seven federal and national agencies, has prepared a statement, "Desirable Organization of Public Health Nursing for Family Service," *infra*. It is hoped that this statement will be used widely by health department leaders, public health nursing agencies, and local planning groups in the reorganization of public health nursing in their communities. Three patterns of local organization for coordinated service are recommended:

All public health nursing service, including care of the sick at home, to be administered and supported by the health department. This is the most satisfactory pattern for rural communities.

Preventive services to be carried by the health department, with one voluntary agency working in close coordination, carrying responsibility for bedside nursing and some special fields. At present this type of organization is the most usual one in large cities.

A combination service jointly administered and jointly financed by official and voluntary agencies, with all field service rendered by a single group of public health nurses. Such a combination of services is especially desirable in smaller cities because it provides more and better service for each dollar expended.

In all of these patterns, consideration must be given to the best method of providing both school and industrial nursing service. During the war, the number of industrial nurses reached a peak of 11,000. The postwar decline from this peak has created renewed interest in providing part-time service to industries which are too small to justify the employment of a full-time nurse; and such part-time service is being purchased from local public health nursing agencies in some localities.

Program of Nation-wide Action

The "Comprehensive Program for Nation-wide Action in the Field of Nursing"² has

¹ Yale, Vanderbilt, and Skidmore University Schools.

² See *American Journal of Nursing* (*infra*).

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developed as an outgrowth of the cooperative activity of national nursing organizations and federal nursing services banded together in the National Nursing Council. Under its National Nursing Planning Committee, the following five areas of study and action have been defined, all of them involving public health as well as other phases of nursing:

Maintenance and development of nursing services (in hospitals, sanatoria, and other institutions; in private practice; in public health and industry; and in other fields).

A program of nursing education (professional—basic and advanced—and practical).

Channels and means for distribution of nursing services.

Implementation of standards (including legislation) to protect the best interests of the public and the nurse.

Information and public relations program.

Study of National Nursing Organizations

Six national nursing organizations (the American Nurses' Association, National League of Nursing Education, National Organization for Public Health Nursing, Association of Collegiate Schools of Nursing, National Association of Colored Graduate Nurses, and the American Association of Industrial Nurses) have jointly undertaken a study of the structure of the national nursing organizations and their constituent state and local bodies. It is anticipated that some reorganization will result, in the interests of simplification, financial economy, avoidance of duplication, and strengthening of leadership. It is also hoped that the lessons learned in coordination through the National Nursing Council may be perpetuated in some other practical form.

International Public Health Nursing

Public health nursing is in demand in all countries of the world. Nurses from other countries are beginning to come to the United States for study and are being guided by the American Nurses' Association, with the active aid of the National Organization for Public Health Nursing for those seeking public health nursing experience and study.

The United Nations Relief and Rehabilitation Administration has provided over 600 nurses from 16 different nations for service in Europe and the Middle East, many of whom have been concerned chiefly with public health nursing duties. See FOREIGN RELIEF AND REHABILITATION.

American public health nurses will be in increasing demand for service in other countries during the reconstruction period. The only nurse adviser to the International Health Conference—which planned the World Health Organization—was an American public health nurse. See INTERNATIONAL SOCIAL WORK.

It can be anticipated that the International Council of Nurses, representing the national nursing organizations of 32 countries, will have a big role to play in the future—not the least part of which will be guidance in the development and expansion of public health nursing service around the world.

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¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

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PUBLIC RELATIONS AND EDUCATION IN SOCIAL WELFARE.¹ The recognition of public relations as a proper and necessary function in the administration of social welfare agencies is not universal. The social welfare agency which includes public relations in its administrative plans as a service to be staffed and budgeted along with other agency services is still the exception rather than the rule. However, it can be said with reasonable certainty, based on scattered but unmistakable evidence, that there is a slowly increasing tendency on the part of the social welfare field to regard public relations as an integral part of its work.

The term "public relations" is generally considered to include an agency's total relations with its community. Included as one of the methods by which relations with the public are developed and maintained is the use of publicity, carried on through the popular channels of communication, the radio, the press, booklets, photographs, meetings, and speeches. Various other terms are used interchangeably with "publicity" and even with the broader "public relations," the case work field using the term "interpretation," the public welfare field preferring the phrase "public information," and an increasing number of agencies referring to their public relations programs as "public education."

The Impetus of World War II

A noticeable increase in interest in public relations among social agencies occurred during World War II. Large segments of the public became aware that many of the subjects which they had heretofore considered the business of "charity" and important only to the "poor" were subjects of vital importance to everyone.

Conscription of men into the armed forces focused attention on physical fitness and the shortcomings in the health of the nation. The early return of men discharged from the Army for psychoneurosis, and the public utterances of psychiatrists and psychologists on the sub-

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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ject of rising juvenile delinquency, aroused tremendous public interest in mental hygiene. With rationing and food shortages, the facts of nutrition became a public concern. People began to realize that behind absenteeism from war plants lay the need for wholesome recreation, satisfactory housing, and proper plans for the care of children of working mothers. There was a tremendous surge of public interest in the subjects which were familiar ones to social and health agencies but for which, before the war, there had been difficulty in catching the public's attention on any but a "philanthropic" basis.

The story of social work, which had always been couched in terms for the contributor, had to be reworded for the self-supporting war worker who was both a contributor and a potential user of agency services. These workers, who were both contributors and clients of social agencies, presented a challenge to social work to tell its story as something more than a service for the "underprivileged." The relationship of social work and this new self-supporting clientele emerged as the prime public relations problem and opportunity of the war years. When the veteran began to return home there was a like responsibility to present to him the services of social agencies in such a way that he would be aware of them and use them in dignity and with self-respect.

Social welfare's use of this opportunity was uneven. Some agencies conducted planned and successful programs to interpret their services to this widening public; others failed to recognize the opportunity or, in the pressure of heavy wartime service programs, found it impossible to organize a public relations program to meet the new situation. Uneven though the results were, however, the impetus given to public relations as a subject for consideration by social welfare agencies was considerable.

Public Relations Attitudes

The prime advance in public relations in social welfare during the past few years has been in the realm of attitudes, rather than in the development of new methods of reaching the public. Viewing social welfare agencies

in the light of institutions set up to serve not only the economically disadvantaged but *everybody*, it has begun to be clear to many social workers that the radio, the motion picture, the poster, and the booklet, which have so often been considered as ends in themselves and the total of "public relations," are important only as mechanical channels for reaching the public; and that the attitude of every worker in the agency is of considerably greater significance.

One of the strong evidences of the new seriousness with which social work is viewing public relations as a function of community organization and social work administration was the lacing of the subject through the fabric of sessions of the 1946 annual meeting of the National Conference of Social Work. In previous years there had been only a few sessions dealing with public relations subjects, sponsored by the National Publicity Council for Health and Welfare Services and vying for attention with simultaneous meetings dealing with the technical aspects of the practice of social work. At the 1946 meeting, the Conference section on Social Work Administration included a meeting on "The Place of the Public Relations Function in Agency Administration," and eleven other sessions claimed the professional attention of the delegates. All of these meetings were concerned with the deeper aspects of public relations rather than with the tools of publicity. Programs of many of the annual conventions and conferences of national organizations for the 1946-1947 period include public relations as a topic, sometimes, as in the case of the National Association of Legal Aid Organizations, for the first time.

Judging from the flow of requests for service coming to the National Publicity Council for Health and Welfare Services, more and more community agencies are considering public relations in their regional, local, and staff meetings. They are concerned in these sessions with such subjects as "the role of the case worker in public relations," "relationships of the social agency with organized groups in the community," and "the client group as an agency 'public.'" During the first six months

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of 1946 an unprecedentedly high percentage of requests for advice and information coming to the Council related to the planning of year-round public relations programs rather than to isolated publicity items. This indicates a much more meaningful and comprehensive view of public relations on the part of social and health agencies than has existed in the past.

Public Relations Personnel

In a census of positions in public relations in the social work field made in 1938 by the Russell Sage Foundation, less than 1,000 full-time positions were enumerated. Although additional agencies have been engaging public relations staff members since then, the resulting increase was offset during the war by the loss of personnel to war jobs and the armed services. It is safe to say that at the end of 1945 there were not many more public relations positions in social work than the Foundation study indicated. The total number began to increase again during 1946.

The size, scope, and importance of public relations problems of social agencies seem to be no criterion for the employment of public relations personnel. In some important national agencies with difficult public education problems, one finds no specialized personnel for this service, no help available to local agencies in the field, and no national educational program in the field in which the national agency is working. In other national agencies, some of them with less difficult public relations problems, one finds staff for this function. In local communities it is the community chest which most often engages public relations personnel, although of more than 700 chests only about 100 have such staff. Of 230 family service agencies, only 7 employ staff for interpretation. Of the 200 local member agencies of the Child Welfare League of America, only 4 employ public relations staff and 15, most of them state-wide agencies, have money-raising staff members who are also responsible for public relations. In 1,345 local Young Men's Christian Associations, 35 employ full-time public relations staff and 110 employ such staff on a part-time basis. Forty-four of 434 local Young

Women's Christian Associations employ public relations staff.

The necessity for raising money has always provided a natural impetus to the establishment of public relations programs. In Chicago and New York City, where the central money-raising agencies provide only partial support for the individual social agencies, it is understandable to find the largest concentration of professional personnel for money raising and public relations. Even in these cities, where so many agencies are proportionately larger than in the rest of the country, the public relations program is often subordinated to money raising, with the agencies hiring only one staff member for this dual function and securing one with money-raising rather than public relations skills.

The illogical and uneven distribution of public relations staff members among agencies leads one to the conclusion that rather than size, budget, or type of program it is conviction and far-sightedness among executives and boards of directors which determine whether there shall be public relations staff in the agency.

Lack of public relations staff in the average social agency means that executives and regular staff members are conducting the bulk of the public relations programs in the field of social work. The use of public relations committees, both to advise the staff and to substitute for staff in actually carrying on the program, is increasing rapidly. The Family Service Association of America reports that 116 of its 230 member agencies have such committees; and there are 600 public relations committees in the 1,345 local Young Men's Christian Associations and 180 in the 434 local Young Women's Christian Associations.

Need for Training Facilities

Most of the people now occupying full-time positions in public relations in social work have come from the newspaper or commercial public relations fields. A handful have come from social work itself, as workers with a flair for publicity gradually move from part-time to full-time assignments to this function in their agencies. Those in the first-named

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group have learned about social work through experience rather than training. Given ability in use of the techniques of public relations, the success of these workers has been proportionate to their ability and willingness to add to their skills the special knowledge of the subject matter of social work necessary to carry on a public relations program in this field.

In order to do an adequate job of public relations in industry or commerce, the public relations worker must be intimately acquainted with his company's product, its employee relationships, its relationships with stockholders and competitors, and the place of the company in the community. There is a definite trend toward specialization among workers in this field, with some focusing on certain types of industry and others specializing in specific public relations problems such as employee relations or stockholder relations. Social work, by its very nature, requires an even greater degree of specialized knowledge and understanding on the part of its public relations personnel. Dealing as it does with personal problems, deep-rooted community attitudes about race and nationality, lack of public understanding of the fundamentals of mental health and mental illness, the stigma of economic failure that is attached to recipients of many kinds of social service, public relations in social work requires a high degree of skill and knowledge of many things which, to the average person, are still unfamiliar.

There is a serious lack of training facilities for public relations workers in social work; and of course public relations as a function of social agencies cannot continue to advance in recognition or to build around itself a corps of sound practitioners until such facilities are provided. Although few schools of social work offer courses in public relations, the lack of acceptance of the subject as an essential element in the equipment of social workers accounts largely for the failure of schools to offer such courses routinely. A difficulty has arisen in several schools which have desired to institute public relations courses but have not been able to find instructors skilled in both the subject matter and in teaching

methods. Where public relations courses exist in schools of social work, they are usually only single-quarter introductory courses. The New York School of Social Work is an exception, offering three separate courses and field work in this subject. Courses in community organization and social work administration touch on public relations, but do not give detailed training.

Meanwhile, due probably to the wartime surge of interest in social problems which has permeated the thinking of so many people and to the rising interest in public relations itself as a profession, there are increasing numbers of young college graduates, writers, and social workers who are clamoring to make social work public relations their career.

In view of the fact that the acceptance of public relations as a specialized function in social work is not universal, two kinds of training must be carried on concurrently. One must be developed for those social workers who will be carrying a good part of the public relations responsibility in their agencies whether specialized public relations personnel is employed or not. Another and more intensive kind of training is needed for people who are seeking to engage in a social work public relations career. This latter type of training, which is not yet available, should include courses in the fundamentals of social work as well as in the specialized subject matter of public relations and publicity.

A committee on professional standards of the National Publicity Council for Health and Welfare Services has been authorized to explore ways and means of stimulating the provision of both the above types of training. This is in line with the growing consciousness that the practice of public relations has become a profession. The National Association of Public Relations Counsel, a nation-wide organization of commercial and industrial public relations people formed in 1944, is giving attention to this subject, as are the American Council on Public Relations and the American Public Relations Association. Meanwhile, within one of the fields of social work itself, the professional problems of the public information specialist are beginning

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to claim attention: the American Public Welfare Association arranged a session at its national meeting in December, 1946, especially for those people in the public welfare field who are devoting full time to the public information or public relations job.

Public Health Education As a Profession

The situation with respect to public education is much brighter in the public health field than in the social work field. The fact that the public health profession is older than that of social work may be one reason for the fact that health agencies are farther along in public education methods and skills. Another reason is that health subjects lend themselves more easily to the popular channels of communication — photographs, motion pictures, posters — than the less tangible subjects of social work. Again, health is more nearly an exact science than is social work. Most social workers are still reluctant to attempt public generalizations concerning problems which are inherently personal and individual. But the most important reason of all is to be found in the way in which the average health agency conceives of its job. It includes within its sphere of activity and responsibility the health of the entire community, whereas the social agency has traditionally regarded its program as being primarily for people in trouble. As social work moves slowly from this restricted position, it is conceivable that the preventive side of its work will become more important and that, as in the health field, emphasis on prevention will bring about a true educational program for the whole community.

There are three loosely related functions in public health administration which are often carried on by the same person or department: "public relations," which covers the relationship to the public of the health agency as an institution; "publicity," through which the agency itself and its services are advertised; and "public health education," which is the program to bring health information to the public and to educate people to better health practices.

For the last-named of these three functions, health education, there are formal training

facilities. Emphasis is placed on health education at a number of schools of public health, notably those at Yale University, the University of California, the University of Michigan, and the University of North Carolina. The American Public Health Association pioneered in recognizing health education as a professional function when it established a Health Education Section in 1920. In 1943 the governing council of the Association approved a committee report defining the function of health education and the qualifications for health educators.¹

Thirty-three of the 48 state health departments now have health educators, and an increasing number of county public health departments and local voluntary and public health agencies include such specialized personnel on their staffs. An indication of the increase in the number of health education positions is found in the fact that of the total number of candidates for public health degrees in the academic year 1944-1945, less than one-quarter listed public health education as their profession, while in the year 1945-1946, nearly one-third listed themselves as health educators.

In the past few years health education, like public relations in social work, has been going through a period of development which has carried it away from an emphasis on "tools" to a deeper and sounder consideration of educational methods and community organization for health. Health workers concentrated in the past on learning how to produce and use the materials of mass health education — posters, booklets, lantern slides, films. The trend now is toward greater emphasis on reaching small groups in face-to-face education, making possible the true application of the principles of education as a two-way process. Tools, in this kind of education, slip into their important but incidental place.

In considering the skills needed for all functions in the health agency, the health field is now facing the question of the relationship between health education, which is concerned with education of the public to better health

¹ "The Educational Qualifications of Health Educators," in *American Journal of Public Health*. August 1943.

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practices, and public relations, which is concerned with the relationship of the public and the health agency as an institution. In some national agencies, and a few large local ones, the staff includes both a health educator and a public relations worker, the former with training in basic health subjects and educational methods, the latter with experience in press, radio, and other channels of publicity. In many health agencies both health education and public relations programs are conducted by the executives and health workers with no specialized personnel. In agencies in which budgets provide for only one specialized worker, this worker is usually a health educator who may or may not share the responsibility for the public relations program with the executive.

Central Services and Research

The only national service agency devoted solely to the subject of social work public relations and public health education is the National Publicity Council for Health and Welfare Services. The Council, established in 1921 and known until 1943 as the Social Work Publicity Council, serves as a clearing house of public relations ideas and information. It has a membership of some 2,000 governmental and voluntary social and health agencies. Its magazine, *Channels*, is a digest of current public relations trends and practices; its series of "how-to-do-it" bulletins gives practical help on the use of the various publicity media. Help with local public relations and publicity problems is given through its information service and, for agency members, through a consultation service. At the National Conference of Social Work the Council conducts meetings on public relations for social work and arranges an extensive exhibit of representative publicity examples. The latter is available throughout the year for study at the Council's headquarters in New York, and under certain conditions parts of the collection may be borrowed. At the annual convention of the American Public Health Association the Council conducts the Health Education and Publicity Headquarters. It frequently conducts insti-

tutes and clinics on public relations for groups of agencies.

The Department of Social Work Interpretation of the Russell Sage Foundation has been concerned primarily with studies and publications dealing with the development of programs and resources for interpretation, and with the adaptation of general publicity techniques to the problems of social welfare. In late 1946 it had in preparation two books reporting case studies in public relations, these rounding out a series of four studies dealing with (a) a public relations program in a state public assistance agency, (b) a national movement which has many assets for public understanding, (c) the rapidly growing and little known profession of social case work, and (d) the problems of growth and survival in institutional public relations.

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SALLIE E. BRIGHT

PUBLIC WELFARE¹ in its literal meaning, and increasingly in its legal interpretation, embraces the whole range of social desirability. In recent years, however, the term has been restricted in common usage to denote a particular sphere of governmental responsibility. Sometimes it is used to describe all public activities serving the needs of individuals in such areas as housing, recreation, health, and social service. At other times it is used to refer only to those particular services which have been placed by legislation in a unit of government specifically called the "public welfare department." This latter usage leaves unanswered, of course, the question of what principles govern the assignment of particular functions to that particular agency. Public welfare, like many other of the newer public services, covers an area in which the philosophy and practice of governmental responsibility have radically changed in recent years, and are still developing. Moreover its scope depends in turn on other areas of activity which are themselves not permanently established in definitive form. Any effort at definition must therefore recognize that public welfare is still a highly fluid concept.

In public welfare, as it exists in the United States today, two major streams of historical development are merged. One is a translation into modern terms of the ancient concept of common responsibility in organized society for the security of the individual. While this principle of social organization has been evident in the care extended by even the most primitive tribal societies to the aged, handicapped, and orphaned young, the Elizabethan Poor Law enacted in England in 1601, and

from which much of this country's early relief legislation derived, placed this responsibility on government through legislative enactment. The other heritage which has shaped the development of public welfare in its present theory and practice is the younger and still developing concept of social case work as a profession. Social case work embodies the basic principle that personal and family situations involving social aid or action should be handled on an individual basis by persons who are professionally trained for that purpose. *See SOCIAL CASE WORK.*

Public welfare has added to the ancient concept of public responsibility for individual security the modern ideal of discharging that responsibility on a professional basis through sympathetic and knowledgeable consideration of individual circumstance. The poor law assumed individual failure or deficiency on the part of those it served. Modern public welfare seeks to assist, not to judge, those whom it serves and to render its aid and service in such a way as to strengthen, not to diminish, their dignity and stature as human beings. This is the very essence of modern democracy which recognizes the individual as the source of all social value. It is also the philosophical principle which social work translates into professional practice.

Any comprehensive definition of public welfare must include social insurance, even with due recognition of its contributory character. Social insurance is a form of required private saving for which the government acts as banker and manager, and as such is not directly in the line of historical development from which public aid springs, namely, the ultimate responsibility of government for any human being who is without resources of his own. Nevertheless, the social insurance systems do constitute new and different methods of preventing dependency among the members of society, and in this sense share a common purpose with public aid. A discernible trend in governmental insurance programs lies in the direction of a larger assumption of residual responsibility for all people. *See SOCIAL INSURANCE.*

The residual character of public welfare

¹ For names of national agencies in this field listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

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responsibility is basic to an understanding of its functions, for it explains their changing character. On the one hand, as the relationship of individuals to society becomes more complex, there is an increasing need for public aid. On the other hand, as the scope of governmental service develops in new directions, needs which would otherwise be met only by welfare services are provided for in other ways. In addition to the major development of social insurance, examples can be cited in the case of public health clinics, school lunches as a function of the schools, day care for children, public housing, recreational activities, and others. Public welfare is often the pioneer in developing activities which are turned over to specialized agencies serving the population as a whole when their general social value has been established.

From this background public welfare emerges as that area of governmental responsibility which undertakes to assure security and opportunity for effective social adjustment to people on an individual or family basis, by meeting needs not otherwise provided for, including financial assistance for the needy, protection from social exploitation for the weak and helpless, and services of a rehabilitative or alleviating character. Public welfare services are tax-supported and administered by federal, state, and local units of government. Functionally, public welfare includes all governmental activities for the prevention and treatment of dependency, neglect, delinquency, crime, and physical or mental handicap. It includes the various types of assistance such as general assistance, work relief, assistance to special groups (the aged, dependent children, and the blind), and the new emergency types of aid found necessary in the war period. Public welfare also includes services for the protection of children through such measures as the licensing or operation of children's institutions, the supervision of placement of children in foster homes or for adoption, and the handling of delinquent children — including the operation of training schools and general welfare services. It includes services for the protection of other groups, such as the supervision or operation of institutions for the aged, the

chronically ill, and (in some states) the feeble-minded. Related to the administration of public institutions for special groups are probation, parole, and clinic services. Public welfare agencies are also the medium through which the government increasingly extends a variety of social services to the general public.

Early History

While all three levels of government now participate in the administration of public welfare services in the United States, the basic responsibility rests upon the states and their political subdivisions in accordance with the American tradition that services directly affecting individuals' human lives and development should be administered by the unit of government closest to the people. The participation of the federal government in public welfare is of recent origin, and even state responsibility was not originally recognized. In the colonial period, public welfare was based on the concepts of the Elizabethan Poor Law with insistence on local responsibility for care, on restriction of aid to those having legal residence, on the principle of legal family responsibility, and on the theory that public aid must be sufficiently unpleasant to act as a deterrent to idleness or vagrancy. Local government was responsible for all classes of the destitute, whether mentally ill or deficient, physically handicapped, dependent, or delinquent. The almshouse was necessarily the chief reliance for this unhappy, ill-assorted population of men, women, and children.

The development of social conscience toward human misfortunes, together with a growing appreciation of the possibility of dealing with such problems as insanity on a scientific basis, led to the development of specialized institutions in the early nineteenth century. In some cases the states assumed the responsibility for their operation, each institution operating independently under its own board of managers. In other cases the development of private institutions led the states to set up state supervising agencies which constituted in fact the first state welfare departments, even though their powers were largely visitatorial, inspectional, and supervisory. Massa-

chusetts established the first of these boards of state charities in 1863, closely followed by Ohio, New York, Illinois, North Carolina, Pennsylvania, Rhode Island, and others. Later many of these boards assumed direct administrative responsibility over state institutions.

In the early 1920's many states broadened the scope of these agencies to include among their functions the stimulation of local public welfare activities in the wider fields of assistance and social services. The organization in 1912 of the United States Children's Bureau "to investigate and report . . . upon all matters pertaining to the welfare of children and child life among all classes of people" helped to stimulate an interest in child welfare. All but three states developed some provision for mothers' aid or mothers' pensions and others made provision for aid to the aged and the blind. There was, however, great unevenness among the states with respect to legislation, standards of administration, and extent of state participation in financing.

By 1929 there were departments of public welfare in 16 states, boards of control in 9, supervisory boards in 14, and child welfare agencies in 6. Some states had only separate boards for each institution. The functions of most departments were limited, staffs were small, and appropriations insignificant. Appropriations of less than \$50,000 a year were not uncommon and in a few cases were as low as \$3,000. Obviously the states were in no condition to meet the impact of unprecedented need that lay ahead of them.

Emergency Relief

The initial impact of the economic and social disasters of the depression decade of the 1930's found all levels of government equally unprepared either in machinery, financing, or popular understanding to meet a situation which by 1930 resulted in 7,000,000 wage-earners being unemployed. The federal government adhered to its traditional position that relief was a state and local responsibility, until 1932 when Congress established the Reconstruction Finance Corporation and empowered it to make loans not only to help priv-

ate enterprise but also to help the states meet the relief crisis.

The establishment of the Federal Emergency Relief Administration (FERA) in 1933 signified the first assumption of responsibility by the federal government for the relief of unemployment. States quickly developed relief machinery to be eligible for federal grants which were made both on a matching and a discretionary basis. One hundred per cent federal grants were made available to provide aid for persons who had lived in the state less than a year. Between January, 1933, and August, 1936, \$3,625,000,000 was dispensed for relief purposes, of which the federal government furnished 65.6 per cent, the states 16.3 per cent, and the localities 18.1 per cent. In addition, provision was made for the employment of young men from relief families at conservation work under the Civilian Conservation Corps, and public works employment was provided on a contract basis through the Public Works Administration and briefly on a force account basis through the Civil Works Administration. The Federal Surplus Commodities Corporation also supplemented relief and work payments by distributing surplus agricultural products to the needy. Rural rehabilitation corporations were organized to make loans and grants to needy farmers. Never was a period more productive of improvisation on an emergency basis to meet unprecedented need.

The concurrent deliberations of the President's Committee on Economic Security and of other groups brought forth a plan which ultimately took shape in two major enactments in 1935: the Federal Emergency Relief Act and the Social Security Act. This plan envisioned the federal government taking the responsibility for meeting those types of need which seemed to be peculiar to the depression period, and assisting the states through grants-in-aid and insurance plans to meet the needs which might be expected to continue as an inevitable by-product of modern industrial society. Under this division of responsibility the federal government undertook to provide jobs for the able-bodied unemployed through the Works Progress Administration (later the

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Work Projects Administration) and other federal agencies; work opportunities and education for needy young people through the National Youth Administration; and rehabilitative aid to needy farmers through the Resettlement Administration. Relief to needy unemployable persons was left to the states and localities. FERA grants to states were discontinued in 1935, and the Social Security Board took over the job of administering the assistance and insurance provisions of the Social Security Act.

Social Security

Federal public welfare policy and administration, as they are now constituted, rest in large part on the federal Social Security Act of 1935. This Act marked the assumption by the federal government of leadership and a continuing responsibility, since declared by the Supreme Court to be consistent with the intent of the general welfare clause of the Constitution.¹ Ten full years of administration of the Social Security Act have demonstrated the soundness of the nation's social security system and produced strong support for the extension of its benefits and protection to the entire population.

The Social Security Act provides for a federally administered system of old age insurance and for federally aided but state-administered systems of unemployment compensation. Both forms of insurance are supported by contributions from worker and employer, proportionate to earnings, and call for benefit payments based on earnings and length of service. In 1939 the old age insurance program was broadened to include benefits for the survivors of covered workers. With more than 40,000,000 people insured, there were at the end of February, 1946, about 1,500,000 monthly benefits in force, including 650,000 to wage-earners sixty-five years of age and over, 192,000 to wives and children, and 698,000 to survivors — orphans, widows, and parents of insured wage-earners. Reserves held in the old age and survivors' insurance trust fund at the end of February, 1946, totaled

\$7,300,000,000. The most serious shortcoming of the old age and survivors' insurance program continued to be the limitations of coverage. Two-fifths of the wage-earners of the country are not insured under this program, including those working in agriculture as farm employes or farm owners, self-employed persons outside of agriculture, governmental employes, persons working in domestic service, those working for nonprofit organizations and institutions, and persons in the armed services. *See* OLD AGE AND SURVIVORS' INSURANCE.

The unemployment compensation programs administered by the various states have distributed benefits of \$3,000,000,000 in the first decade of operations and, as of March, 1946, have accumulated reserves of \$6,800,000,000 for the protection of the nation's workers. In unemployment compensation, however, the coverage is even more limited than in old age and survivors' insurance, and the amount a jobless worker gets and the number of weeks for which he can draw benefits if he remains unemployed differ greatly from state to state for workers with similar records of past earnings. *See* UNEMPLOYMENT COMPENSATION.

The Social Security Act also provides for grants to state health departments for crippled children's services, maternal and child health services, and certain other health programs; and to state education departments for an expansion of vocational rehabilitation. *See* CRIPPLED CHILDREN, MATERNAL AND CHILD HEALTH, PUBLIC HEALTH, and VOCATIONAL REHABILITATION. It also authorizes grants-in-aid, on an even matching basis, to states for assistance to dependent children, the needy blind, and needy persons over sixty-five years of age; and makes provision of funds through the Children's Bureau for child welfare services, especially in rural areas and areas of special needs. *See* CHILD WELFARE and PUBLIC ASSISTANCE.

The availability of federal funds provided by the Social Security Act has been a major factor in most states in bringing about the public welfare program as it exists today, and the pattern of federal-state-local partnership in public welfare administration and financ-

¹ In the case of *Helvering vs. Davis* (1937), 301 U.S. 619.

ing seems through its successful operation of a decade to have been permanently established.

The first decade of operations under the Social Security Act saw several significant changes in administration and in program. During 1939 most of the federal agencies concerned with public welfare were brought together by executive order in a new organization called the Federal Security Agency. In 1939, also, several amendments to the Social Security Act were enacted liberalizing provisions for public assistance and increasing federal funds for maternal and child health services, crippled children's services, vocational rehabilitation, and public health services. An amendment relating to personnel administration had far-reaching effects on state and local public assistance agencies in establishing the principle of selecting personnel on a basis of merit. The year 1939 also saw the inauguration of the stamp plan for the distribution of surplus commodities, although this program was abandoned when the country entered World War II.

Categorical Public Assistance

The Social Security Act of 1935, as amended in 1939, provided that the federal government should finance one-half the cost of assistance payments for old age assistance and aid to the needy blind up to an individual monthly payment of \$40. For aid to dependent children, however, the federal government financed half the cost of monthly assistance payments up to \$18 for the first child and \$12 for each additional child given aid in the same home, with no provision for the mother. Legislation enacted in 1946 (H. 7037) revised these bases of federal matching. Effective October 1, 1946, the federal government provides two-thirds of the first \$15 in old age assistance and aid to the blind cases, and two-thirds of the first \$9 in aid to dependent children cases. Above these amounts matching will continue on a 50-50 basis to a maximum federal payment of \$25 a month for the aged and blind, and to \$13.50 for the first child and \$9 for other children in aid to dependent children cases.

At the end of 1945, state-federal programs

of old age assistance were in operation in all 51 states.¹ All states were operating programs of aid to dependent children under the Social Security Act except Nevada, which had a small program financed without the help of the federal government. All states except Alaska, Missouri, Nevada, and Pennsylvania were administering state-federal programs of aid to the blind, but the three last-named states administer aid to the blind without federal funds.

In June, 1946, 2,108,216 old age recipients were receiving an average monthly payment of \$31.48, the state averages ranging from a low of \$11.79 in Kentucky to a high of \$53.53 in the state of Washington. The total payments in this month were \$66,363,812. In the aid to dependent children program in the same month, 311,294 families including 799,414 children were receiving an average monthly payment per family of \$53.70, the state averages ranging from \$21.37 in Kentucky to \$99.28 in the state of Washington. Total payments for the month were \$16,717,447. A total of 73,979 blind persons were receiving assistance averaging \$34.05 a month, with a range from \$13.34 in Kentucky to \$59.61 in the state of Washington. Total payments in this category for this month were \$2,518,627.

Although the recipients of categorical public assistance are largely unemployable, the number of persons in these groups needing aid dropped appreciably during the war years. This was true particularly in the aid to dependent children program, due to the great increase of employment of women in war work. Since the close of the war all three categories have shown increased case loads, with the largest gain being registered in the aid to dependent children program.

The Social Security Act requires that public assistance must be available in all local subdivisions if a state is to get federal funds. Payments in all categories are now available in every county in the United States. In contrast, at the end of 1934, old age assistance and aid to the blind were available in less than

¹ Including Alaska, Hawaii, and District of Columbia.

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one-third, and aid to dependent children in about half, of the counties in the United States.

The influence of the Social Security Act is also evident in the growth of the number of persons who are receiving aid. The trend of the first ten years of administration under the Act has been in the direction of minimizing eligibility conditions other than need. Marked progress has also been made in making payments more nearly commensurate with need.

In ten years of operation, federal matching of public assistance grants has aggregated \$2,800,000,000. Of this, \$2,300,000,000 was for old age assistance, \$429,000,000 for aid to dependent children, and \$66,000,000 for aid to the blind. This federal money was supplemented by still greater amounts provided by the states and localities, which have provided for many types of assistance for which federal matching is not authorized. Progress in meeting need widely and more adequately is due not only to the establishment of the federal grants but also to increased support of the public welfare programs on the part of states and their localities.

At the end of the first decade of public assistance administration under the Social Security Act the monthly expenditure for old age assistance payments was more than ten times that in June, 1935. Expenditures for both aid to dependent children and aid to the blind had almost trebled. The average old age assistance payment was \$18 in June, 1935, and \$29 a decade later. Average payments for aid to dependent children rose from \$32 to \$47 a month for a family which, on the average, included 2.5 children. For aid to the blind the rise in the average payment was from \$20 to \$30. Although most of the increase in average payments occurred during the war years when the cost of living also moved upward, maximum limits on individual payments have prevented many states from increasing all payments by amounts commensurate with the rise in living costs. On the other hand, many states have gone beyond the maximum limits established in the Social Security Act for federal matching.

At the end of 1945, 25 states had no maximums in the aid to dependent children pro-

gram and 8 states had set maximums above the \$18-\$12 limits for federal matching. In 26 states more than \$40 a month could be paid in old age assistance, and in 21 states aid to the blind could exceed \$40. (Some of these states paid more than \$40 only when the individual needed medical care.) In addition, some other states provided medical care through special medical programs or from general assistance funds. This trend toward higher maxima or the complete elimination of ceilings in state programs has given strong support to the proposal that all ceilings be eliminated in the titles of the federal Social Security Act governing public aid.

General Assistance

The three categories of assistance in which the federal government participates by no means reflect the total assistance responsibilities of the states and localities. Those persons needing aid who fall outside the scope of any other provision must rely on whatever the state or locality offers under the catch-all designation of "general relief" or "general assistance." Many states do not participate in the financing of general assistance and leave the entire responsibility to the localities. In many states no provision is made from public funds for the able-bodied needy who are considered to be employable. Despite these limits, there were until June, 1941, over a million cases dependent on general assistance, and even in the war month of June, 1945, there were 259,000 families receiving this form of aid.

In June, 1946, 278,000 cases were receiving monthly general assistance grants averaging \$32.66 and ranging in average from a low of \$9.32 in Mississippi to a high of \$52.24 in the state of Washington. Total expenditures for this month were \$9,090,000.

General assistance, where available, is frequently used to supplement the maximum payments for categorical assistance in which the federal government participates. It has become increasingly apparent that no rigid categorical concept, especially one so restrictive as that of the present Social Security Act, could possibly encompass all types of human need. As a result there has been a widespread

and increasing demand on the part of the state and local welfare agencies—a demand in which the Social Security Board has concurred—for federal participation in general assistance.

Children's Services

The second largest area of public welfare activity is the field of children's services. These include both the newer child welfare services in rural areas or areas of special need, made possible by grants to the states under Title V of the Social Security Act, and older functions relating to the protection and care of dependent, neglected, and delinquent children. Increasingly the operation of training schools has been placed under welfare departments, and in some states children are committed to the welfare department rather than to a particular institution by the courts. The authority to license private child-caring institutions, and in doing so to fix the standards of their operation, is vested in many public welfare departments. The approval and supervision of foster homes for children needing care outside their own homes is a welfare function.

Forty-seven states,¹ Alaska, Hawaii, and Puerto Rico receive funds from the United States Children's Bureau for child welfare workers, and in addition, the states have consistently added specialists in this field and paid them from their own funds. The outstanding weakness of current provisions for child welfare services is the lack of coverage. The period of experimentation and demonstration has been satisfactorily concluded and it is expected that responsibility will be assumed by the federal, state, and local governments to make effective child welfare services available in every county of the United States.

The aid to dependent children program, which is designed to meet the economic needs of children deprived of parental support, served (in June, 1946) a total of 799,414 children in 311,294 families, and like the other public assistance programs is administered in every county of the United States. The need for

specialized services to children is as universal as the need for financial aid, and it has become evident to many that the same federal-state-local partnership and grant-in-aid pattern that has been applied to aid to dependent children might be used to expand the specialized services to children and to make them equally available in every section of the land.

Care of the Infirm and Chronically Ill

Public welfare departments are increasingly concerned with the specialized services required by the infirm and chronically ill. *See THE AGED.* Prior to the enactment of special programs of assistance for the aged, the egregious almshouse absorbed the chronically ill together with the able-bodied aged into a form of custodial care which generally was of a very poor character. With the beginning of the social security program many states abolished their almshouses. The able-bodied aged were given cash assistance, and boarding homes were found for those requiring special care. In other states, county almshouses were abolished and district homes covering several counties were substituted. Even where county almshouses were retained, they were gradually emptied of their able-bodied inmates and became, in fact, hospitals or homes for the chronically ill, with emphasis on medical care.

The Social Security Act prohibits the payment of federal assistance funds to inmates of public institutions, but permits such payments to inmates of private institutions. This situation has tended to increase the number of private boarding and nursing homes for the aged. Increasing overhead and shortage of personnel during the war years decreased both the quality and number of such homes, with the result that interest turned again to public facilities. Support was mobilized for amending the Social Security Act to permit the payment of assistance to persons residing in public institutions of their own choice. In the meantime, certain states, notably Illinois, passed legislation permitting the use of state funds for this purpose. The wartime overcrowding of general hospitals tended to restrict facilities which were formerly available to the chronically ill; and this coupled with the

¹ Utah does not participate in the program of child welfare services.

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shortage of suitable boarding homes, has led to an increasing acceptance of the need for specialized institutions for the chronically ill. Where provided, these are usually operated by the state on a district basis except in the larger cities. The increasing tendency to concentrate on suitable medical care in such institutions has led to the transfer of management in some cases to health departments, with the welfare departments retaining responsibility for intake, release, and social services.

Wartime Welfare Services

The purpose of the federal government to provide jobs for the able-bodied unemployed was never fully realized through work relief or public works programs. Many states and localities assumed some of this burden through general relief and local work programs until the outbreak of World War II, which quickly changed the national unemployment picture. Increasing demands for manpower took all able-bodied persons from the relief rolls, and in addition a large number of handicapped persons found work in wartime production. By 1943 the federal work programs had been discontinued, and the public assistance and general relief rolls of the country contained only those unable to work because of the disability of age, illness, or other serious handicap. The residual group needing aid even under national conditions of full employment numbered about 3,000,000 persons. They received aid of about one billion dollars a year from federal, state, and local governments.

The war did not substantially change the basic responsibilities of public welfare but it did add many new functions which were specifically related to wartime needs. The conversion of a peacetime economy to supply the needs of 15,000,000 persons drawn into military service caused profound dislocations in civilian life. War jobs were not necessarily located where workers normally lived and a vast migration was necessary. Moreover, these jobs were often concentrated in localities which underwent a vast and sudden expansion of population, with dislocation of their community stability and overtaxing of their facilities and resources. Accompanying these

changes came social restlessness, reflected in juvenile delinquency, racial conflict, confusion of social values, political tension, and other disturbing characteristics of wartime life on the home front. Public welfare departments made an important contribution to the war by assisting individuals to adjust to these changes.

Federal agencies played an important role in stimulating welfare services to meet needs growing out of war policies. The central responsibility for planning and coordination of wartime welfare services was vested in the Federal Security Agency. The Social Security Board and the Children's Bureau naturally assumed a role of leadership in their respective fields. Other federal agencies active in the field of wartime welfare services included the Office of Civilian Defense, the War Manpower Commission, and the War Relocation Authority, the latter specifically concerned with the removal and relocation from the West Coast of persons of Japanese descent.

Throughout the country, public welfare offices, equipped to render a variety of social services to the entire citizenry, administered special programs providing assistance to persons directly affected by enemy action or the threat of enemy action, and distributed assistance sent through neutral countries for enemy aliens and their dependents. Public welfare departments were extensively called on to cooperate with the Selective Service System in reviewing the histories of men whose ability to adjust to military life was thought to be doubtful. They rendered many services related to the employment of persons formerly receiving public aid. This was particularly true of mothers with young children. Welfare departments shared with schools the responsibility for making provision, outside their own homes, for the children of working mothers. They were frequently concerned with the licensing of voluntary day care centers, with the counseling of mothers about to enter employment, and with the direct provision of foster day care.

Many state and local welfare departments made heavy financial investments in rehabilitative services to their own clients or to other

handicapped persons in order to make them employable. These agencies were particularly concerned with the problem of increased juvenile delinquency and cooperated with other agencies in stimulating new community activities for young people and in rendering social services where needed. This cooperation with community programs involved the public welfare agencies with the schools, the courts, the hospitals, and particularly with the referral and information centers serving the returned veteran. The use of public welfare agencies for a multitude of wartime social services has doubtless established their service function permanently.

Discussion of the role of public welfare in wartime would be incomplete without mention of its extension to the international field through the operations of the United Nations Relief and Rehabilitation Administration (UNRRA). UNRRA has had no sovereignty of its own but has been the service agency of 48 governments, which through a highly specialized staff selected by international civil service and with funds contributed equitably by the member governments, has operated (a) to provide the population of liberated countries with food, clothing, and shelter, and with aid in the prevention of pestilence and recovery of the health of the people; and (b) particularly to provide arrangements for the return of prisoners and exiles to their homes. UNRRA thus has carried the basic principle of public welfare's mutual responsibility to its logical conclusion in the international field. Its temporary character has prompted serious discussion of the need for a permanent international organization in the field of social welfare and within the framework of the United Nations. *See FOREIGN RELIEF AND REHABILITATION.*

Changing Trends in Public Welfare

Ten years' experience in the administration of public welfare programs under the Social Security Act has turned the attention both of administrators and legislators to desirable changes in the program and concept of public welfare. Of major importance is the increasing tendency to move completely away from the categorical approach to assistance. A "plat-

form for public welfare"¹ adopted by the American Public Welfare Association proposes a comprehensive assistance program with federal matching for state and local assistance payments to meet any type of need, regardless of its origin or character. It further proposes that federal maxima be eliminated and that federal grants to states be on a variable basis; also that states receiving federal funds for matching welfare expenditures be required to abolish all residence and citizenship requirements as conditions of eligibility for assistance.

Some states have moved to eliminate their settlement laws without waiting for federal legislation. Rhode Island eliminated settlement as a requirement for general assistance in 1942 and for categorical assistance in 1943. Pennsylvania in 1945 abolished residence and settlement requirements on a reciprocal basis, while New York in 1946 abolished all intra-state residence requirements and provided for state aid to nonsettled persons. The traditional, involved process of transporting indigent people to their state or town of residence and collecting costs from various governmental jurisdictions continues as a major and wasteful activity of many public welfare agencies, but it is doubtful that a quick solution to this problem will be found without federal legislation. *See Settlement Laws in MIGRANTS, TRANSIENTS, AND TRAVELERS.*

Other major proposals involving federal legislation in the field of public welfare include broader provisions for medical care for the indigent and federal matching for foster home care and for social services generally. *See FOSTER CARE FOR CHILDREN and MEDICAL CARE.* The increasing role of such services in the public welfare programs is perhaps the most significant development of recent times. It suggests that with the burden of economic need eventually to be borne by the insurance programs, the public welfare program of the future will be largely a provision of generalized and specialized social services.

Federal Welfare Agencies

The tendency to apply the term "compre-

¹ *See Wickenden, infra.*

Public Welfare

hensive public welfare service" to the work of the local public welfare agency, and the trend toward integration of welfare functions at the state level into a single state welfare agency, have their counterpart at the federal level of government.

On May 16, 1946, President Truman announced several reorganization plans under his executive authority. Under Reorganization Plan No. 2, which became effective July 16, 1946, the Federal Security Agency was reconstituted under four main operating branches. These are (a) Social Security Administration, including Bureau of Old-Age and Survivors Insurance, Bureau of Employment Security, Bureau of Public Assistance, and Children's Bureau (transferred from the United States Department of Labor); (b) Office of Education; (c) Public Health Service; and (d) Office of Special Services, including Bureau of Employees' Compensation, Employees' Compensation Appeals Board, Food and Drug Administration, Office of Vocational Rehabilitation, and Office of Community War Services. This reorganization is in line with the announced intention of the President to introduce legislation creating a Department of Health, Education, and Welfare, a proposal which has excited widespread interest among social workers and holds promise for a sound future development of federal welfare function. *See* FEDERAL AGENCIES IN SOCIAL WORK.

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¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

Racial Programs in Social Work

RACIAL PROGRAMS IN SOCIAL WORK.¹ There are in the United States approximately 14,000,000 Negroes, 11,000,000 foreign born, 5,000,000 Jews, 1,200,000 Latin-Americans (of whom some 735,000 are foreign born), 400,000 American Indians, and 127,000 persons of Japanese ancestry. These constitute, at the present time, the most significant minorities in American life because they are the groups which experience in varying degrees disabilities, discrimination, and isolation associated with their status as minority racial or cultural groups.

World War II had a pronounced effect upon the status and experience of all these groups and upon the attitudes toward them in the rest of the population. Several millions of these minority peoples served in the armed forces, and others migrated from their home communities to congested industrial centers for work in war industries. This mobility changed the character of many of their social problems. There was, on the one hand, a loosening of the bonds of custom in the old settings and, on the other hand, the establishment of personal contacts in new environments without the steadying effect of established custom.

While many profited culturally from the change of setting, the same current of migration to industrial centers carried with it other migrants with pronounced racial attitudes and economic insecurities which contributed measurably to a modification of racial attitudes in the new centers of residence. The movement into cities intensified the housing shortages brought about by a long period of underconstruction. As a result, some of the most severe tensions involving problems of race relations centered around the pressure of stronger and longer-entrenched groups to keep the newcomers out. Negroes experienced the most constant and general restrictions with respect to housing, largely as a result of the use of restrictive covenants by white residents. Japanese-Americans were similarly affected, due to a measure of resist-

ance on the West Coast to their return from the relocation camps and the consequent spread of the population to cities of the Midwest and East.

Looked at in one way, the problem of all minority groups in American life is the same. All of them are residents of a nation whose basic philosophy and governmental structure rest upon the principle of equal rights and equal opportunities for the individual. But for various reasons the members of these particular groups do not in fact enjoy the same rights and opportunities that are open to the majority. Some actually are not yet permitted to become citizens. Others are citizens in name, but are not permitted to exercise the rights or even fulfill the obligations of citizens. Each of these groups, therefore, is striving toward the goal of full citizenship and is interested in combating the forces which prevent attainment of this goal. Out of this conflict has developed a more concerted attack, on the part of minorities and their liberal supporters, against the institution of segregation itself.

Some of the factors making achievement of full citizenship difficult lie within the groups themselves, but for the most part they are outside forces. We are only at the beginning of a clear understanding of these forces, and of the extent to which they are at the bottom of the difficulties of all minority groups. The broad interracial and intercultural programs discussed in another part of this volume represent the recognition of the interdependence of these forces and the extent to which there is general agreement on the manner in which they can best be combated. See *INTERRACIAL AND INTERCULTURAL ACTIVITIES*. At the same time, within each of the individual groups, organizations and programs have developed looking toward the establishment of the full citizenship of the members of that particular group or toward the amelioration or solution of problems especially affecting them. It is these programs and organizations with which this article deals.

It should be recognized that it is increasingly difficult to separate these "racial" programs from interracial and intercultural programs. Most of the programs discussed below

¹ For names of national agencies in this field listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

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are at least bi-racial, and all increasingly involve a recognition of the common aspects of all minority problems. Thus we find, for example, the Anti-Defamation League (a Jewish organization) appearing as a friend of the court on behalf of Negroes involved in a restrictive covenant case, and the National Association for the Advancement of Colored People interesting itself on the West Coast in the problems of Japanese-Americans.

Negroes

A major economic change in the status of the Negro labor force took place during the war as a result of the movement of Negroes into war industries. In 1940, Negro men, forming 10.3 per cent of the total male working population, were 60.2 per cent of all males in domestic service, 21 per cent of all urban laborers, and 21 per cent of all farm laborers and foremen. Negro women, constituting 18.9 per cent of the total female working population, were 46.6 per cent of all female domestics and 26.9 per cent of all female laborers. As late as July, 1942, Negroes constituted only 2.5 per cent of the total employment in industrial plants reporting to the War Manpower Commission. By November, 1944, this percentage had increased to 8.3 per cent. There was also a great increase in the Negroes employed by the federal government, half of whom were in clerical, administrative, professional, and subprofessional positions.

In spite of all that these changes meant in increased income and better opportunities, these wartime movements did little to change the relative status of Negro workers as compared with white workers. Negroes were still overwhelmingly at the bottom with reference to both occupations and incomes. The war had uprooted perhaps 750,000 from their former homes and brought them into the already congested Negro areas of urban communities. This was especially felt in such northern and western cities as Chicago, Cleveland, Detroit, Los Angeles, and San Francisco. The newcomers were unfamiliar with the requirements of urban life and unaccustomed to factory work and the pattern of race relations in northern cities. The great majority of them

labored under the handicap of a southern educational system which provided them with the least adequate schooling to be found anywhere in the country.

In this situation there was one national organization which had long recognized the special problems of Negro migrants in urban communities and which was in a position to assume leadership in meeting the more intense problems created by World War II. This was the National Urban League, established on an interracial basis in 1910 to deal with the social problems of Negroes in urban areas. The League now operates local affiliates in 54 cities in 27 states. In these cities nearly 3,000,000 Negroes live, representing 45 per cent of the urban Negro population of the country. During the war and continuing into the period of reconversion, all Urban Leagues have placed great stress on employment, accepting as their responsibility the opening up of new opportunities for Negro workers, the education of employers and the public, the promotion of better training facilities, and the orientation of workers. Other aspects of Urban League work are civic education, the development of programs to deal with the problems of urban adjustment already mentioned, and especially the stimulation of community responsibility on a neighborhood basis.

Increasingly, existing social agencies include Negroes in their programs so that the Urban League has not had to carry specific social work programs. A phase of its work developed during the war and being carried on into peacetime under a grant from the General Education Board has been the Community Relations Project for Interracial Social Planning, an effort to meet the problems of Negro-white relations in selected communities by the mobilization of social agencies and the use of professional social work procedures. In each city the council of social agencies works with the National Urban League in organizing a local sponsoring committee, and the League supplies research assistants who help the local community to survey conditions affecting Negro welfare and social work specialists who give advice in carrying out the resultant recommendations. So far, ten cities

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have participated in the project and five more will participate in 1947.

A different but equally necessary approach to the social problems of American Negroes is that of the National Association for the Advancement of Colored People, which is also an interracial organization. Its emphasis has moved from the fight against lynching, begun in 1909, to the establishment of the legal and political rights of Negro citizens, the equal distribution of funds for public education, and equality of economic opportunity. Its principal battles have been won in the courts, in the establishment of the principle of equal pay for Negro and white teachers, the principle of equal educational and transportation facilities where separation is required by law, the unconstitutionality of the white primary, and more recently the unconstitutionality of segregation on interstate busses. The National Association for the Advancement of Colored People has also fought in the courts to abolish discrimination in the right of collective bargaining through membership in organized labor unions, and has approached the problem in another way by support of the proposal for a federal fair employment practice committee. These approaches do not fall within the ordinary concept of social work, yet they involve principles without which social work can be only palliative.

There are other organizations which also concern themselves with the removal of discriminations against Negroes, for example, the National Negro Congress, the Southern Negro Youth Congress, and the Congress of Racial Equality. The first two of these are largely dedicated to the technique of bringing about social change by mass pressure and publicity; the last-named has experimented with considerable local success with non-violent direct action.

Individual social settlements in urban communities have long been concerned with the needs of Negroes, but increasingly there are developing settlements which envisage their role more broadly in terms of over-all relationships in the community. An outstanding example among many good ones is Flanner House, in Indianapolis, which has been re-

markably successful in enlisting city-wide interest in its purposes and in serving as a focus for the needs of Negroes in the community.¹

No governmental agencies are specifically set up to deal with the problems of the Negro minority. However, the fact that the extension of services to Negroes involves special problems in many areas, while at the same time social factors often make their needs more severe though not different in character from those of other groups, has resulted in the development of special personnel in most federal agencies to handle situations involving Negroes and Negro-white relationships. The old line agencies, such as the Department of Agriculture and the United States Public Health Service, put their principal emphasis on seeing that Negroes get their share of service, or as much of it as possible; while in the newer agencies there is a clearer recognition of the fact that services are always discriminatory as long as they are administered on a segregated basis, and a greater effort is made by the racial relations or minority group advisers to have services extended to all on an integrated basis. Naturally this is not possible in areas where law and custom require that all services be segregated; and all that a racial adviser or a consultant on minority problems can do in such situations is to try to insure the extension of adequate services to minorities on the segregated basis.

Indians

Since 1849 the American Indians have been considered wards of the federal government. The earliest federal policy was that of establishing Indian reservations because this interfered least with the internal affairs of the Indian tribes. This policy, however, tended to take away the initiative and self-confidence of the Indians. With the passage of the Indian Allotment Act of 1887 the official policy became one of changing the Indian to conform to the American social pattern. The effect of this policy was to break down tribal and community sanctions and separate the individual Indian as far as possible from

¹ See Riis and Waldron, *infra*.

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his cultural heritage, without actually accepting him as a fellow citizen. This system also resulted in impoverishing the majority of the Indians and transferring much of the best land originally assigned to them to acquisitive and sometimes unscrupulous white settlers. The result was that by 1933, Indians had declined in number from an estimated 850,000 in pre-Columbus days to around 200,000.

A new period began for the Indian with the publication in 1928 of the Meriam survey of Indian administration, sponsored by the Brookings Institution.¹ After some small-scale efforts, John Collier, as Commissioner of the Office of Indian Affairs, brought about the passage of the Indian Reorganization Act in 1934. It attempts (a) to restore to the Indian the management of his own affairs, (b) to prevent further depletion of his material resources, (c) to build up an economically sound basis for livelihood, and (d) to give the Indians civic and cultural freedom. In 1924 American citizenship was conferred on the Indians; however, in some states they are still not permitted to vote. Although the new program has not fulfilled all the hopes that were held for it, it has brought improvement in the economic status of the Indian and, paradoxically, more rapid progress in assimilation than previous policies. The Indians are now our most rapidly growing minority. As of January 1, 1940, there were 394,280 Indians in the United States and Alaska, and their projected rate of increase over a fifty-year period was 139 per cent.

The 1945 annual report of the Office of Indian Affairs stated that 25,000 Indians served in the armed forces during the recent war and that 40,000 were employed in war industry. Since Indian resources cannot be sufficiently augmented to support the increasing population, many thousands of Indians in the postwar period must be helped to find economic opportunity and acceptance in the general national economy. The thousands of Indian families who left the reservations during the war moved generally into centers which

were seriously overcrowded and where housing and school facilities were inadequate. In some places local school authorities discouraged attendance of Indian children at public schools, and a little discouragement sufficed to keep them out of school. On the other hand, Indians in the armed forces have been learning the value of education and are interested in further training and jobs off the reservations. During 1945 the Territory of Alaska enacted three laws removing discrimination against the natives in the matter of aid to dependent children, the disposition of juvenile offenders, and admissions to hotels and other institutions serving the public.

Organizational activity on behalf of Indians is dominated by the Office of Indian Affairs, United States Department of the Interior. This Office has the management of all Indian affairs and of all matters arising out of Indian relations under provisions of the Constitution, treaties with Indian tribes, and statutes enacted by the Congress. It is charged with the duty of protecting the interests and promoting the welfare of those Indians of the continental United States and of the natives of Alaska who are under federal guardianship.

Various voluntary organizations also interest themselves in the welfare and rights of American Indians. Perhaps the oldest of these is the Indian Rights Association, organized in 1882, which through publications and other promotional activity seeks to promote the spiritual, moral, and material welfare of the American Indians and to protect their legal rights. The American Association on Indian Affairs, organized in 1937, puts more emphasis on research studies of Indian cultural, economic, and political problems, while also opposing encroachments on Indians' constitutional rights. Both of these organizations include Indians but are made up largely of non-Indians. More recently some staff members in the Office of Indian Affairs have led in the organization of the National Congress of American Indians representing the Indians themselves. Two annual conventions have been held, at the second of which about 30 out of 100 tribes were represented. The Congress is working with the American Civil

¹ Meriam, Lewis and associates. *The Problem of Indian Administration*. 872 pp. Johns Hopkins Press, Baltimore. 1928.

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Liberties Union in an effort to obtain the franchise for Indians in New Mexico and Oklahoma. A special effort has been made to expedite loans for Indian veterans under the Servicemen's Readjustment Act of 1944. The Congress hopes by building a large Indian membership and a full-time staff of Indian talent to uphold the interests of Indians and sponsor and support needed legislation and to serve as a clearinghouse for activities in and out of the government.

Latin-Americans

According to the 1940 census there were in the United States 377,433 Mexicans, 699,220 native-born residents of Mexican parentage, and 67,568 persons either born in Central or South America or born in this country of Central or South American parentage. In addition to the usual difficulties of first and second generation immigrants, these groups suffered also because of the nonacceptance of those of Indo-Hispanic background by the Anglo-American majority in the population. In some states such as Texas and New Mexico, Latin-Americans are classed on the same level as Negroes as far as the racial patterns are concerned, while in Colorado they rank below Negroes in the popular mind. The results have been not dissimilar from those which can be observed in the case of Negroes.

The interest of the Mexican government in its nationals in the United States exerts some pressure for better treatment of Mexican-Americans. For example, Mexico protested at the time of the "zoot-suit" riots in Los Angeles and has refused to allow Mexican workers to be sent to certain states where they have met with unfavorable treatment.

The Office of the Coordinator of Inter-American Affairs, established by executive order in 1941 within the Office of Employment Management, in addition to stimulating better relationships among the nations of the Western Hemisphere, took an interest in Latin-Americans in this country. It gave some support to local efforts to improve the conditions of Spanish-speaking peoples and made grants to Latin-Americans for training which would enable them to serve their fellows more

effectively. Since the liquidation of the Coordinator's Office,¹ this aspect of its work has been taken over by the Division of Spanish-Speaking People of the Institute of Ethnic Affairs, a voluntary agency. This Division is planning to set up branches in all states which have large Spanish-speaking populations. Its Colorado branch is already functioning, having taken over the work of the Colorado Inter-American Field Service Commission, and is laying special stress on service clubs which are directed toward providing better social work for Spanish-speaking groups in local communities.

At the present time there is no particular section in the federal agencies giving special attention to Spanish-Americans.

An agency which interests itself in the problems of this group but is not specifically set up to help them is the Pan American Union. It is an international organization created and maintained by the 21 American Republics to promote friendship and close relations among them and to foster constructive cooperation in such fields as foreign trade, economics, intellectual cooperation, travel, labor, and social information. A number of local agencies such as the Pan-American Good Neighbor Forum in Chicago have done good work in arousing interest in and helping in the adjustment of Spanish-speaking persons in the community. There is also a League of United Latin American Citizens which has conducted an educational campaign to acquaint Anglo-Americans with the rights and problems of Latin-Americans and to encourage better citizenship among Latin-Americans. One of the most intensive jobs of education regarding Mexican-American problems was carried out from 1943 to 1945 by the Sleepy Lagoon Defense Committee, in connection with the legal defense of a number of young Mexican-Americans in the Sleepy Lagoon case.² The literature

¹ The name of the Office was changed in 1945 to Office of Inter-American Affairs. An executive order, effective May 20, 1946, terminated the Office.

² The Sleepy Lagoon case of Los Angeles involved the conviction of 17 Mexican boys of a "murder" that was never definitely established as a murder. The effort to correct the individual injustice of this case

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and activities of this group stimulated broad interest in the general problem all over the country, but the group has now been disbanded after securing the acquittal of the defendants.

Japanese-Americans

The Japanese-Americans are a small minority; the 1940 census showed only 79,642 citizens of Japanese ancestry in the United States, plus 47,305 Japanese aliens not eligible for citizenship under our immigration laws. However, the developments in which they have been involved during World War II and the attitudes of the majority toward them have great significance for American democracy. Some months after Pearl Harbor over 110,000 persons of Japanese ancestry were evacuated from the West Coast by the Western Defense Command for asserted reasons of military security. Although the Supreme Court subsequently upheld the constitutionality of this proceeding, many legal authorities pointed out the dangerous implications of such an invasion of the rights of citizens on the grounds of ethnic affiliation.

The War Relocation Authority, which was established to direct the relocation centers to which the evacuees were sent, met with considerable discrimination in its early attempts in relocating these Japanese-Americans. As time went on, however, the splendid record of American and Hawaiian Japanese in the Army, the generally satisfactory performance of the Nisei (American born) in their new surroundings, and the effective job of public education and community organization projected by the War Relocation Authority, created a much more favorable climate of public opinion. On January 2, 1945, the exclusion order from the West Coast was lifted. During 1945 all of the relocation centers were closed except the Tule Lake Segregation Center which was closed in the spring of 1946. Although the greater number of those who left the centers in 1945 returned to the West Coast,

has now become a symbol of the struggle of the Mexican minority to free itself from a pattern of racial ostracism and discrimination which has prevailed in Southern California.

the Japanese-American population in California in January, 1946, was only 43,000. This was less than half of the prewar figure.

The principal organizational effort involving the welfare of Japanese-Americans during the war was carried out by the War Relocation Authority, now disbanded. In addition to the maintenance of ten relocation centers, field relocation offices were established to facilitate placement of evacuees in productive jobs throughout the country (outside the West Coast area until 1945) and to help them to take part again in normal community life.

The strongest organization of the Japanese-Americans themselves is the Japanese American Citizens League. Founded in 1930, it spoke for the rights of Japanese-Americans throughout the war, publicized the facts, and encouraged early resettlement, occupational retraining, and systematic savings. Recently it has established an antidiscrimination committee to advocate the enactment of legislation favorable to the interests of all Americans in general and persons of Japanese ancestry in particular. Immediate objectives are the repeal of discriminatory legislation, including the discriminatory provisions in the immigration laws, and participation in litigation involving the rights, privileges, and immunities of persons of Japanese ancestry. During the war, much help in the relocation of individual Nisei and the development of favorable community opinion was given by the Committee on Resettlement of Japanese Americans, sponsored jointly by the Federal Council of Churches and the Home Missions Council of North America. Many of the local councils set up under this program are still functioning; and there are other effective local groups such as the Greater New York Committee for Japanese Americans, Inc.

Jews

Of the present American Jewish population of approximately 5,000,000, almost half live in New York City. Another quarter million live in some twelve cities ranging in Jewish population from 25,000 to 300,000. This urban concentration determines the character of Jewish social work, discussed in another section

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of this volume, and also shapes the patterns of anti-Semitism and the programs designed to meet it. *See* JEWISH SOCIAL WORK. Jews are the only minority included in this discussion who are not subject to legal disabilities in any part of the country. They do, however, meet with discrimination in employment, with residential restrictions and restrictions in the enjoyment of such facilities as hotels and resorts, with discrimination in admission to private schools and educational institutions, and with attitudes of hostility and resentment sometimes flaring into open violence.

Among the Jewish organizations which take the lead in developing programs to combat anti-Semitism are the Anti-Defamation League of B'nai B'rith and the American Jewish Congress. The Anti-Defamation League provides factual information about Jews, maintains a speakers' bureau, and distributes a large amount of literature through its educational and literature department. Through its community service department it promotes self-discipline and the maintenance of high ethical and social standards. It also counsels with respect to discrimination in employment. The American Jewish Congress in 1944 set up a Commission on Community Interrelations to develop a program of action in combating anti-Semitism based on knowledge rather than on speculation. It has already put into action its program of studies in local communities and is helping organized groups, agencies, and communities to meet tension problems. The Women's Division of the Congress also has an extensive program of developing public opinion concerning Jewish matters, of maintaining equality of opportunity, and incidentally of interesting fellow Jews in their responsibility toward other minorities. The American Jewish Labor Council fights anti-Semitism especially within the trade-union movement, supplies material to labor organizations on Jewish matters, and stimulates social and economic cooperation among the various groups comprising the American labor movement. A newer committee is the National Committee to Combat Anti-Semitism, established in 1944 with a sponsoring committee including Catholic, Protestant, Jewish, Negro,

and white leaders, which has worked, among other things, for the passage of a federal law outlawing anti-Semitism.

Foreign Born

In 1940 the census reported 11,109,620 foreign-born persons living in the United States. Since the passage of the Immigration Act of 1924, however, the immigration quotas have been so small that the proportion of foreign born has been steadily declining. *See* ALIENS AND FOREIGN BORN. Although foreign-born groups from all countries have generally met with discrimination, their children and grandchildren have in general been able to move into the larger stream of American life and have become so assimilated as often to discriminate in their turn against newer arrivals. At the present time, the problem of the foreign born as a minority group problem would scarcely exist as a serious issue were it not for other considerations, generally ethnic, which complicate the situation. The situation of Latin-Americans has already been discussed, as has that of Japanese-Americans. Other foreign-born minorities which have met with special discrimination have been the Chinese and other Asiatics. Until recently, natives of all Asiatic countries were barred from entering the United States or becoming American citizens solely because of their race or country of origin. In 1945, Chinese were declared eligible for citizenship, and as of July 4, 1946, Filipinos in this country were also eligible for citizenship. The principle of ethnic discrimination, however, has not been removed from our immigration laws, and this has become one of the major concerns of organizations interested in the problems of the foreign born. Another set of problems is legal, having to do with alien status and eligibility for deportation.

The broad problem of all foreign-born groups is that of adjustment to American life and culture with a minimum of personal, family, and community disorganization. The difficulties lie not only in the exclusive attitudes of longer-established groups, but in the tendency of foreign-born groups themselves to set up cultural enclaves, thus forming un-

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digested lumps in the political, economic, and social systems of the community. This is the problem approached broadly by what is now called intercultural education. This intercultural education movement replaced the "melting pot" theory, first with a theory called "cultural pluralism" and more recently with a shift in emphasis to what might be called "cultural democracy."

The Immigration and Naturalization Service in the United States Department of Justice is in charge of all matters concerning immigration, deportation, repatriation, and naturalization. Its transfer in 1940 from the Department of Labor to the Department of Justice underlines the fact that this Service is more concerned with the enforcement of regulations to which aliens are subject than with their favorable adjustment to American life or the protection of their rights. These concerns, therefore, are principally carried on by voluntary agencies such as the Common Council for American Unity, the American Committee for the Protection of the Foreign Born, and the Immigrants Protective League. The Common Council for American Unity sends press releases to foreign-language newspapers, designed to promote fuller participation in American life on the part of the newcomer and foreign born, sends similar material to radio stations and other channels, publishes a magazine *Common Ground*, and generally works, on the one hand, for the better adjustment of the foreign born and, on the other, for better understanding of this group on the part of the nation as a whole. The American Committee for the Protection of the Foreign Born maintains a naturalization aid service, works aggressively for the elimination of all existing handicaps such as racial discrimination in the immigration laws or other phases of national laws, and strives for the defeat of "anti-alien" legislation, state or national. The Immigrants Protective League carries on similar services.

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CHARLES S. JOHNSON

RECREATION² is an expression of the inner nature of man; through it each person is helped to be the man his inner nature demands. It is a form of leisure-time experience in which physical, mental, or spiritual satisfaction comes to an individual from participation in certain forms of activity.

Recreation not only has value for the individual as a means of self-expression and growth; it also contributes to the development of a sense of community. People who play together, sing together, hike together, make things together, attain in its truest sense a community of feeling. Recreation is therefore receiving widespread recognition as an essential factor in modern life.

Children need happy, healthful, social play to attain their fullest development; young people with limited home resources and without wholesome recreation opportunities tend to seek questionable amusements leading to de-

¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

² For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

linquency; workers need recreation during their off-duty hours in order to keep their spirits and productivity high; among members of the armed forces, athletics, entertainments, and hobbies have demonstrated their value in sustaining efficiency and morale; in the community, recreation programs help preserve traditions of neighborliness, joy, and beauty. Recreation played a role of major importance during the war and it has an equally significant part in the postwar period. Today it holds a high place in the life of the individual, community, and nation.

Recreation activities cover a wide range of human interests. The forms which these activities take vary as widely as the interests of a single individual throughout his lifetime, and are as diverse as the interests of different people. Certain types of activities have come to be considered as recreation because large numbers of people attain basic satisfactions from engaging in them. Among these are the great variety of games and sports, arts and crafts in their many forms, music and drama, social activities in which fellowship plays an important part, dancing, nature and outing activities including travel, the entire gamut of hobbies, and activities associated with reading and conversation. Many of these are enjoyed by spectators as well as by participants. Some of them can be engaged in by a single individual, others involve participation by informal or organized groups; but most of them are more satisfying when shared with others.

Recreation has had a place in the life of individuals and groups since earliest times, but its development as a distinct field has taken place in the past few decades. Before 1900, community efforts to furnish play opportunities were relatively few. With the turn of the century, cities began establishing children's playgrounds and recreation parks, and school buildings were opened for community use. As leisure increased, year-round community recreation programs were expanded to include a great variety of activities for all ages. Recreation departments were established to provide local facilities and services, and properties were acquired and developed for diversified recreation use. Cities appropriated funds

for recreation leadership and extended leisure-time opportunities through public libraries, museums, and other educational and cultural services. During the depression years in the 1930's local recreation budgets were reduced, but the widespread expenditure of federal funds for leadership and facilities stimulated the development of services in many communities.

Several federal departments have developed services and facilities affecting the use of leisure, among them the National Park Service in the United States Department of the Interior, the Forest Service and the Extension Service in the United States Department of Agriculture, the Office of Education and the Division of Recreation of the Office of Community War Services in the Federal Security Agency, and the Federal Public Housing Authority in the National Housing Agency. Many state governments, through their park and forestry departments, have acquired and developed large areas for recreational use throughout the years.

While the public recreation movement was thus growing, voluntary agencies such as settlements, youth service agencies, and boys' and girls' work organizations were also promoting recreation in their programs. *See BOYS' AND GIRLS' WORK ORGANIZATIONS, SETTLEMENTS AND NEIGHBORHOOD HOUSES, and YOUTH SERVICES.* They constructed buildings containing gymnasiums, swimming pools, auditoriums, craft and club rooms, and other recreation facilities. Many acquired extensive properties which were later developed for camping. Recreation programs were provided by many industrial plants, churches, service clubs, and women's organizations. In every community private groups were formed—some under national auspices—to foster among their members participation in sports, outing activities, hobbies, music, or other forms of recreation. The possibilities of furnishing recreation for profit also gave rise to the development of huge commercial recreation enterprises.

Recreation in Wartime

World War II caused inevitable adjust-

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ments in recreation programs and new developments to meet wartime needs. Increased emphasis was given neighborhood activities; large numbers of recreation leaders entered the armed forces or war agencies; in-service training programs were expanded; playgrounds were conducted seven days per week, especially in industrial cities; and recreation buildings were kept open from early morning till late at night to serve night-shift workers. Volunteer helpers were enrolled and trained in large numbers; centers for preschool children and after-school play programs were provided for children whose mothers were employed; teen-age centers for young people sprang up all over the country; victory garden programs were sponsored; and learn-to-swim campaigns were conducted. Recreation budgets were increased, and tax-supported programs were inaugurated in many cities.

Tire and gas rationing reduced pleasure driving to a minimum. Visitors to national parks and forests totaled only 40 per cent of the peak reached during prewar years. Hiking, bicycling, swimming, boating, and picnicking gained in popularity in city and state parks near large population centers. Commercial recreation flourished as incomes rose, but vacation travel was greatly curtailed and certain sports, such as horse racing, were practically eliminated.

Abnormal living conditions made recreation especially important in war-production centers. A rapid wartime expansion in plant recreation facilities and activities, and in employment of recreation directors in industry, resulted. In 1942 the National Recreation Association established a field service to industrial groups. Recreation departments extended their facilities and services to local industries and welcomed workers and their families into their programs. Funds and leadership from the federal government and the United Service Organizations, Inc. (USO) were made available to many war-industry communities.

Most significant was the provision of recreation services for men and women in the armed forces, both by the services themselves and by community agencies. Unlike the situation in World War I, the Army and Navy

provided directly the leisure-time facilities and programs in camps, posts, and stations.¹ A staff of officers and enlisted men, supplemented by hostesses and librarians at the service clubs, conducted a program comprising sports, social recreation, moving pictures, entertainments, hobbies, and educational activities. Camp Shows, Inc., under the USO, carried entertainment programs to camps and overseas bases.

Communities near camps and stations organized committees to mobilize local recreation resources for the use of visiting soldiers and sailors, but many lacked facilities and funds to meet the situation. The Recreation Division of the Office of Community War Services was created to assist them with leadership and funds. Servicemen's centers, many constructed with federal funds, were operated by local committees or by the USO, which at the peak of its service conducted 3,035 operations. Centers varied from one-room structures at county crossroads to a fourteen-story building operated by the Chicago Park District. Local programs included sports, information centers, lounge and checking service, dances, home hospitality, dramatics, table games, reduction of rates for commercial recreation, church services and socials, sailing and fishing parties, sports carnivals, and holiday festivals.

Civilian recreation departments put all suitable facilities at the disposal of the service personnel stationed near-by, encouraged them to join existing groups, and organized special programs for them and their families. Many communities met the entire cost of their servicemen's program. In every war camp community, volunteers and local organizations rendered conspicuous service.

Recreation Leadership

The success of recreation programs, whether under governmental or voluntary auspices, for the community at large or for special groups, is largely determined by the quality of the leadership employed. The recreation department staff includes workers serving vari-

¹ Recreation leaders for camp hospitals and for overseas bases were furnished by the quasi-official American Red Cross.

ous leadership functions. Industries, churches, institutions, housing authorities, and private clubs also employ recreation leaders; youth service agencies use personnel with recreation training; and the Veterans Administration has recruited a large recreation staff. Several state departments have created positions requiring people with recreation training and experience. During the war the Navy commissioned some 1,200 welfare and recreation officers, and in addition 12,000 enlisted personnel were rated as specialists in athletics or recreation. The American Recreation Society and recreation workers' associations in several states give evidence of the growing status of recreation leadership.

Diversified recreation programs and systems require leaders with varied training and experience, but standards, primarily for municipal recreation positions, have been developed and widely adopted.¹ Chief positions in a municipal recreation program are: superintendent, general supervisor, supervisor of special activities such as music or crafts, playground or center director, recreation leader, specialist, and manager of a special facility such as a golf course, camp, or bathing beach.

A total of 4,870 men and women served community recreation agencies as leaders on a full-time year-round basis in 1944.² Full-time and part-time leaders numbered 35,503. The recreation program in many cities has been retarded by the fact that most leaders are employed on a part-time or seasonal basis, but there is a tendency today to create more full-time positions.

With the development of leadership standards, college graduation has come to be considered a prerequisite to satisfactory service in most recreation positions. More than 100 colleges and universities offer recreation courses and many institutions are making plans to expand them. Some curricula prepare students for full-time professional service and

include recreation courses on the graduate level. Institutes under local auspices, many of them conducted by National Recreation Association workers, furnish valuable in-service training for thousands of leaders annually.

Volunteer service, a significant factor in the early development of the recreation movement, still holds a place of primary importance. In 1944, 47,288 men and women in 644 cities served as volunteers with community recreation agencies. Large numbers of men and women also serve as committee members, club leaders, sports officials, or activity leaders in connection with the recreation program in housing projects, churches, and industries. Many individuals find volunteer service a satisfying form of leisure-time activity. *See VOLUNTEERS IN SOCIAL WORK.*

Recreation Areas and Facilities

Recreation areas vary in size, location, and function, from tiny playlots serving children of preschool age to national parks and forests that afford outing and vacation facilities for all the people. Elaborate facilities have been developed by the Army and Navy; many industries maintain athletic fields, recreation parks, and camp sites for their employees; outdoor play spaces are essential to every large-scale housing project. Elaborate centers for swimming, camping, golf, and other outdoor sports have been established by commercial interests.

A well-balanced community recreation program requires a system of appropriately located areas, adequate in size, equipped with a great variety of facilities, and related to the city plan. Park, recreation, and planning authorities generally agree that within each city there should be one acre of publicly owned space, permanently dedicated to recreation, for each 100 of the population. Important types of areas are the neighborhood playground, playfield, recreation park, reservation, and special sports areas such as the golf course, swimming center, camp, athletic field, or stadium. Others are the museum site, parkway, zoological and botanic gardens, and in-town and neighborhood parks. Some authorities believe that, supplementing city areas, each metropolitan re-

¹ See National Recreation Association. *Recreation Leadership Standards and Securing and Maintaining Standards in Community Recreation Personnel*, both *infra*.

² As reported to the National Recreation Association and published in "Year Book Number" of *Recreation*, July 1945. No "Year Book Number" was published in 1946.

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gion should have an acre of publicly owned park and recreation property for each 100 persons in the region.

In 1940, the latest year for which this information is available, 370 American cities of over 2,500 population owned at least one acre of park for each 100 persons, although part of this acreage was outside city limits. Many cities had little recreation property; 339 reported they did not own a single park. At the end of 1940 the total municipal park area in 1,465 cities was 444,121 acres, of which 149,800 acres were in parks outside city limits. Fifty-two counties reported a total of 197,350 acres in county parks.

The neighborhood playground and the playfield afford facilities for the day-by-day, year-round recreation program. A playground of four to five acres is usually required to serve the needs of children from five to fifteen years of age and to furnish limited facilities for youth and adults in a residential neighborhood. Playground facilities include a sand box, wading pool, shelter house, apparatus, space for informal games, game courts and fields, area for crafts, storytelling, and quiet games, and a corner for older people's activities. The playfield, requiring from 12 to 20 acres or more, serves primarily young people and adults, although it generally contains a children's playground. In addition to game courts and fields, common features are a swimming pool, outdoor theater, bandstand, small picnic center, and a clubhouse or recreation building.

A total of 10,022 playgrounds were conducted under leadership in 1944. Other facilities, most of them on playgrounds and playfields, included (in 1942) 11,516 tennis courts, 9,207 softball diamonds, 2,831 ice-skating areas, 1,608 wading pools, and 1,190 swimming pools. Increasingly these areas are lighted for evening use.

Large recreation parks, reservations, and special sports areas are equipped for boating, day camping, bathing, overnight camping, hiking, picnicking, and winter and water sports. Nature trails, gardens, outdoor theaters, band shells, arboretums, and zoos serve a wide diversity of recreation interests. Facilities most commonly provided in municipal and

county parks are tennis courts, baseball and softball diamonds, picnic centers, swimming pools, bandstands, and ice-skating areas. Municipal and county forests, although primarily designed for the growth of timber, are valuable recreational assets. In 1945, 2,278 communities had established municipal forests totaling 3,000,000 acres; county forest lands in 23 states totaled almost 7,000,000 acres.

The National Park Service controls properties exceeding 22,000,000 acres and including magnificent scenic areas such as Yosemite, Yellowstone, and Grand Canyon. In 1941, a peak year, twenty-one million lovers of nature and the out-of-doors visited them. Federal forests, comprising 179,000,000 acres, contain facilities for picnicking, camping, swimming, and winter sports. In 1941 more than 16,000,000 visits were made by people who came to camp, picnic, swim, fish, hunt, hike, ride, ski, toboggan, or vacation in homes or resorts in the forests. State parks and forests are less extensive but are generally more accessible and more intensively developed for recreation use. Attendance at the 1,000 state parks, comprising over 4,000,000 acres, totaled 96,000,000 in 1940. State-owned forest lands, totaling nearly 20,000,000 acres, attracted 28,000,000 visitors annually in the prewar years.

Recreation Buildings and Indoor Centers

Indoor facilities have become increasingly important as recreation programs have expanded. The development of interest in the cultural arts such as music, drama, and crafts has stimulated the demand for suitable buildings. Indoor facilities are provided in such widely different structures as the simple playground clubhouse, community recreation building, huge sports arena, well-equipped little theater, crafts center, and nature museum. In 1944 a total of 4,536 recreation buildings and indoor centers were operated under leadership by community agencies in 802 cities. Attendance of participants and spectators at 3,481 such buildings in 1942 exceeded 80,000,000.

A community recreation building—the major type of indoor facility—is required for at least each 20,000 of the population. It should

be located within one-half mile to one mile of every home. Desirable facilities include a gymnasium, assembly hall or auditorium with stage, lounge, room for reading and quiet games, arts and crafts workshop, active game room, social room or play room, two or more multiple-use meeting rooms, swimming pool, snack bar, kitchen, office and storage space, and service facilities. A building of this type under competent leadership can serve the varied interests of a large number of people, and if located on a recreation area makes possible a combined indoor-outdoor recreation center.

Schools, city halls, churches, and other buildings are used at times for community recreation. These centers usually have a limited program, although some are open several afternoons and evenings a week under a staff which conducts a diversified program of sports, crafts, music, drama, and social recreation serving large numbers of children, youths, and adults. Leaders in education and recreation are urging that new schools be designed to facilitate community recreation use.

The "teen centers" that have sprung up all over the country were a striking wartime development arising from the demand for better leisure-time opportunities for young people. Many were conducted in schools or buildings operated by recreation agencies; others were established in vacant stores, garages, or other structures. Of the 4,536 recreation buildings and indoor centers operating in 1944, a total of 1,813 buildings were reported open under leadership as youth centers or as containing youth centers. In them young people enjoy dancing, lounging, floor and table games, and refreshments. Methods of starting, financing, and conducting these centers vary, but factors common to the most successful ones are: participation by the young people in every step of the project, an adult advisory committee, a sound financial plan, suitable location, attractive facilities, convenient hours of operation, and a diversified program. Since the end of the war, many centers have closed their doors; others plan to secure permanent buildings. In general, teen-age centers are being integrated with the programs of community recreation

agencies. Their success has impressed community leaders with the need for more and better opportunities for youth. It has also demonstrated the capacity of youth to assume greater responsibility for planning and conducting a program and the willingness of youth to assume it.

Municipal Recreation

Many types of agencies, as previously noted, are concerned with the provision of recreation. However, because recreation has been found essential to the public welfare, it has become widely recognized as a proper concern of the municipality. Like education, recreation benefits all the people; municipal recreation makes possible participation on a democratic, inclusive basis. Experience has demonstrated that it is good economy for a city to spend public funds for recreation; in fact, that it cannot afford *not* to provide recreational opportunities for its residents.

As recreation demonstrated its contribution to the public welfare, states passed laws relative to local recreation facilities and services. Much early legislation was limited to a particular type of recreation area, facility, activity, or organization, or to an individual city. Later home rule legislation passed by 34 states empowers municipalities to conduct broad recreation programs and to appropriate funds therefor. These laws generally include authorization to acquire and equip land, conduct programs, employ personnel, and designate or appoint recreation authorities. In several states the legislation authorizes a referendum and a special tax in support of recreation programs.

Municipal authorities in all states have established recreation services and appropriated funds for their support. The 1944 expenditures by 1,245 communities totaled \$38,790,623, including money from federal sources in 126 cities. In 1944, at the peak of the war effort, more community recreation programs under leadership, more leaders, more playgrounds, and a greater total expenditure were reported than in any previous year.

Favorable votes on recreation levies in several Ohio cities in the November, 1945, elections reveal the public attitude toward recrea-

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tion facilities and services. The citizens of Akron, Canton, Columbus, and Dayton, by a generous margin, favored levying a recreation tax. Columbus, Dayton, Forest, Fostoria, Hamilton, Middletown, Tiptecanoe City, and Toronto voted park or recreation bond issues or levies—in three cases, for a living war memorial.

Recreation has attained a place of sufficient importance in local government to require the creation of a separate department. Many cities having only seasonal programs administer recreation through an existing department, but there is a growing tendency to establish a special recreation department, usually under a board. Of the 448 municipal recreation agencies reporting full-time year-round leadership in 1944, 275 or 61 per cent were separate recreation departments; 104 were park departments, and 27 were school authorities. Most separate recreation departments employ full-time leadership.

No standard pattern of organization or program is desirable or practicable in municipal recreation, but several factors are considered essential to successful recreation service. They are (a) a full-time, trained recreation executive; (b) a year-round program serving all the recreation interests of the people without restriction as to race, religion, age, or sex; (c) availability and use for recreation of all suitable city-owned property; (d) a segregated recreation budget; and (e) a governing board or commission of responsible citizens. Most important is the degree of cooperation the governing body and recreation executive can secure from other city departments and voluntary agencies, and the extent to which they can all work together on common problems.

Community Recreation Programs

Community recreation programs, chiefly under municipal auspices, were provided in about 1,500 communities in 1944. Some were limited to the operation of a summer playground, school center, or swimming pool; others were diversified year-round programs serving all ages and interests. Programs generally include active games and sports, social recreation, music, arts and crafts, drama, danc-

ing, nature and outing activities, and collecting and other hobbies. Noteworthy progress has been made in program enrichment through greater emphasis upon cultural activities, hobby interests of young people and adults, and co-recreational activities, but games and sports hold a predominant place. No two cities have identical programs, for each has its own peculiar conditions and needs. The nature and scope of a municipal recreation program can be indicated, however, by describing the services in one city, Austin, Texas.

The program in Austin, a city with an estimated population of 106,000, is administered by the Austin Recreation Department with a capable staff of full-time and seasonal leaders. The Department also administers the municipal parks, numbering 36 and totaling 2,062 acres. Programs center around the playgrounds and community centers. During the spring, playground activities consist primarily of active and quiet games but during the summer a more diversified program is carried on at the 16 areas. Special activities include community nights, concerts by the boys' and girls' municipal band, weekly motion picture shows, sports tournaments, city-wide pageant, sand-craft exhibit, little children's play day, marionette festival, and community picnic. A central council of playground clubs and adult clubs organized at each playground help in furnishing volunteer leadership, interpreting program objectives, and sponsoring program features.

The Austin Athletic Club is a center for indoor activities which include sports, dancing groups, crafts, and social activities. Two school buildings are used for teen-agers' program, women's exercise groups, badminton, dancing, drama, boxing, basketball, and family night programs. Indoor activities are also conducted at a housing project, the Latin American Center, and a Negro center.

Camping, introduced in 1945 on an experimental basis, has proved successful. Groups of boys are taken for three-day periods to a camp across the lake from the city. The children's theater has become a recognized cultural institution. Art classes have proved exceedingly popular. Library service is provided at the

playgrounds through a cooperative arrangement with the city library.

Aquatic events include "learn-to-swim week," life-saving classes, water carnivals, and swimming meets. Eleven swimming pools are operated, nine of them small playground pools. A highly organized athletic program for juniors and seniors comprises 16 activities. A baseball school in 1945 taught over one hundred boys the fundamentals and rules of the game. The 1945 attendance at the 18-hole golf course was 31,102 civilian golfers and 18,876 servicemen. Several golf tournaments were conducted.

The Austin Recreation Department has long sponsored a symphony orchestra society which presents concerts, arranges music contests for young people, and encourages the development of music in Austin. A mixed chorus, girls' chorus, and men's municipal band also contribute to musical interest in the city. Community sings are a weekly feature of the band concerts during the summer.

During 1945 the Department conducted a family recreation workshop of six sessions and a social recreation institute. An all-day county-wide recreation institute offered training for 70 rural club leaders, church workers, and teachers. A servicemen's center has been operated since 1942 and many services are provided for the men and women in uniform. A Negro division provides a diversified program for the people of that race.

Typical Recreation Activities

No city includes all types of recreation in its program or makes equal provision for all forms of activity. Significant developments in several special fields of recreation are briefly reported. Although related primarily to municipal recreation programs, many of the activities described are commonly conducted by other agencies.

1. Arts and crafts, music, and drama. Few activities have such wide appeal or yield as direct and lasting satisfactions to individuals engaging in them as do the cultural arts. Through them, latent talents are developed and creative faculties find expression. They have a prominent place not only in play-

ground and indoor center programs but also in special centers where people come to paint, sketch, model, or engage in various crafts. During the war, playground children made service kits and game equipment for men in the armed forces, built scale model aircraft, made rugs for Army hospitals, and sewed for the Red Cross. Objects commonly made and used in the recreation program include kites, model airplanes, musical instruments, costumes, game equipment, bird houses, nature museums, and sailboats.

Music is perhaps the most universal of the recreational arts. Through choruses, bands, group singing, choric speaking, orchestras, and rhythm bands the public schools develop in children and youth music interests and skills that carry over into later life. Community orchestras, bands, choral groups, and other music organizations, which draw many recruits from high school graduates, afford enjoyment to both players and listeners. The radio, phonograph, and sound film have done much to foster music appreciation as a leisure-time activity. Community singing, a feature of many recreation programs, was widely used in savings-bond campaigns during the war.

Community drama ranges from story acting by children to the production of full-length plays by little theater organizations. Playground and center programs include informal activities such as charades, impersonations, story acting and dramatic stunts, and more highly developed forms such as puppetry, radio drama, pageantry, and play production. Playwriting, costume design, making scenery and properties, make-up, lighting, and direction afford outlets for varied talents and interests. Drama is often combined with other arts in festivals, carnivals, Christmas celebrations, historical pageants, and other community-wide celebrations. Dramatic productions depicting the significance of democracy, American traditions, and Pan-American relationships were widely used in wartime.

2. Nature, camping, and gardening. The appeal of the out-of-doors and the urge to escape the artificial environment of city life have stimulated emphasis on nature and outing activities. Nature trails and guiding services have

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been established in national, state, and city park systems, and nature activities have been widely introduced at playgrounds and community centers. Recreational and educational possibilities of museums, botanic gardens, zoos, and reservations are being realized more fully through field trips and hobby clubs. Gardening reached a high peak during the war, and the number of individuals who claim gardening as a hobby increased markedly. Bicycle and hiking trips have been encouraged in several regions through the development of youth hostels that provide overnight accommodations for young people.

Camping facilities have been developed by state and federal park and forest authorities, youth-serving agencies, and by private individuals for profit. Day camping is increasingly a feature of municipal recreation programs. Week-end and winter camping has made the camp a year-round center. Camping programs stress particularly craft, nature, and outing activities that utilize the resources of the camp environment. Day camping in readily accessible areas brings a camp experience to a large number of children at moderate cost. See CAMPING.

3. Social recreation. Most forms of recreation are enjoyable when they are engaged in with others, but certain types are essentially related to sociability and fellowship. Among them are square and social dancing, game parties, dinners, and club activities. Social recreation plays an important part in most co-recreation programs. Dancing and other forms of social recreation are increasingly popular in centers for service personnel, in teen-age centers, and in housing developments.

4. Athletics and sports. Athletic games and sports are promoted by schools, colleges, recreation agencies, and a large number of national sports organizations. Fishing and hunting rank high in popularity; estimates place the number of fishermen in the United States at twelve million. Water sports lead all others in the number of participants, and winter sports have had a rapid recent growth. Team games have a conspicuous place in municipal recreation programs; individual sports such as archery, bicycling, shooting, badminton,

horseshoes, tennis, and golf are among the most popular co-recreational activities. Most recreation departments conduct a highly organized city-wide sports program.

Recreation for Special Groups

Supplementing the community-wide services are the many programs furnished to special groups.

1. Industrial workers. Industrial leaders have long realized that the efficiency of their workers is affected by the way they spend off-duty hours. Consequently, many companies have provided for their employes athletic fields, gymnasiums, clubhouses, and large areas equipped for picnicking, camping, boating, swimming, and other sports. Most common activities are bowling, softball, basketball, baseball, golf, picnics, dancing, and social gatherings, but increasingly programs include arts and crafts, hobbies, drama, music, and other activities. During World War II the acquisition and operation of elaborate indoor and outdoor facilities by employe organizations were frequent. Increasingly, plant recreation programs are jointly sponsored by employer and employes through an employes' recreation association or club, a management-employe recreation committee, or an employe activities division. Several city-wide industrial associations have been formed to provide plant and interplant recreation programs for employes of member firms.

2. Labor unions. Some labor unions have conducted extensive recreation programs for their members and have developed extensive facilities, including vacation centers. Especially in the Detroit and Milwaukee areas, unions use the properties of municipal recreation authorities and community agencies. Union recreation activities are on the increase. The recreation services and facilities of the clothing and garment workers' unions are especially outstanding. The United Automobile Workers employs a recreation staff and sponsors a comprehensive program of athletics and other activities, with a recreation committee in each local. The Wisconsin Federation of Labor, through its recreation director, actively

promotes recreation for its members throughout the state.

3. Family recreation. The home has always held a high place as a family recreation center. Modern living has tended to separate families in much of their recreation, but the backyard playground, the basement workshop, the attic, the garden, and the "rumpus room" furnish many hours of family fun. Music, social games, reading, listening to the radio, parties, and outdoor cooking are regularly enjoyed by parents and children in many homes. Recreation departments encourage home play through backyard playground contests, bulletins to parents, radio broadcasts on home activities, help in building apparatus, and "home play weeks."

4. Housing projects. Governmental and voluntary agencies realize the need for recreation in housing projects. Many subdividers have set aside land for playgrounds, and recreation facilities have been furnished in private apartment developments. The federal government in its slum clearance and war-housing programs established minimum standards of indoor and outdoor recreation space and facilities. Playlots for tiny tots, playgrounds for older children, game courts for "oldsters," club and meeting rooms for all ages, and—in several projects—fully equipped recreation buildings have been provided. Local housing and recreation authorities have cooperated in planning and furnishing areas and facilities. Few housing authorities provide recreation leadership; they usually turn to local recreation agencies or rely upon volunteers. Many recreation departments operate playgrounds and recreation buildings in housing developments. In San Francisco, for example, a cooperative agreement between the Recreation Department and the Housing Authority, in effect since 1941, has proved successful. Under the plan the Housing Authority turns over all recreation facilities to the Department for operation. The Department, which receives an appropriation of \$75,000 for the purpose, furnishes the leadership staff; the Authority provides maintenance, heat, light, and janitorial services. By 1946, centers were operated at 14 housing developments, with at-

tendance averaging 60,000 monthly. Centers, operated for at least twelve hours a day, several of them seven days a week, serve all age groups; and programs cover a wide range of activities. Tenants are encouraged to share in the conduct of the program.

5. Rural communities. Rural life offers such recreation advantages as beauty of landscape, open spaces, neighborly spirit, seasonal festivals, outdoor sports, wild life, and community socials. Yet it often lacks recreation leadership and facilities and the social and cultural advantages afforded by the city. The enrichment of life in rural communities as a means of making them more attractive to farm youth is an objective of many rural leaders. Progress has been made, largely through the state agricultural colleges, in extending recreation training to teachers, 4-H club leaders, county agents, and other rural leadership. Several states, through the Extension Service of the United States Department of Agriculture, have employed full-time or part-time workers in rural recreation and community organizations. Many recreation opportunities are afforded by meetings of the church, grange, farm bureau, and youth-serving agencies.

6. Churches. Recreation in various forms has a place in the church program. Common features are socials, athletic leagues, discussion groups, Sunday evening clubs, orchestras, and dramatic presentations. The church dinner and Sunday school picnic are outstanding events. Institutes are sometimes held for training social recreation leaders for church organizations. Some city churches have elaborate indoor recreation facilities but, in general, church leaders feel that churches should not duplicate adequate existing community facilities.

7. Institutions. Children in institutions especially need opportunities to engage in play, not only to help brighten their daily routine but to give them the play experiences necessary for satisfactory adjustment to normal conditions in later life. Youth and adults in institutions also need the enrichment of life that results from participation in attractive recreation programs. Relatively few institutions employ trained recreation leaders but many pro-

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vide recreation programs for their inmates, and some have good facilities. Workers with community recreation agencies are sometimes assigned for part-time service with local institutions. Increasingly, recreation programs, with special emphasis on sports and hobbies, are being conducted in correctional institutions.

8. Older people. Community recreation programs serve people of all ages, and many forms of recreation are enjoyed by young and old alike. Special attention to the leisure-time needs of older people is receiving increasing attention, however, due to the rise in the average age of the population, the increase in the number of older people, and the tendency of persons to retire at a lower age. Game courts and facilities have long attracted winter residents in resort cities where clubs have been organized to help tourists enjoy their leisure hours. Typical of such groups is St. Petersburg's Three Score and Ten Club. More recently recreation programs have been introduced in institutions for the aged, and neighborhood groups have been formed at indoor and outdoor centers. Cleveland, New York, and Philadelphia have been leaders in organizing clubs for people sixty-five years of age and older. The need to make life worthwhile for older people is no less acute in small communities.

9. Hospitals. During World War II recreation programs in hospitals proved an effective medium in helping patients toward recovery. Recreation played an important role in the Army convalescent training program where adaptive sports were found valuable in reducing the usual convalescent period. Programs including games, crafts, reading, social recreation, and entertainment were provided by the American Red Cross in camp and station hospitals for military personnel. Patients in wards where arts and crafts programs were introduced got well more quickly. These activities were especially helpful to men suffering from severe depression and proved time and again to be a definite morale builder. Sketching, poster making, whittling, and modeling have been popular activities. Other successful forms of hospital recreation include table and outdoor games, reading, movies,

dances and entertainments, group singing, recorded music, gardening, and outings. Radio programs have been used effectively, and broadcasting stations set up in hospitals have aroused a lively interest. Recreation programs in hospitals must be planned and administered in close cooperation with the medical authorities. Since the war a large recreation staff has been employed by the Veterans Administration for service in its hospitals, and increasing provision is being made for recreation in hospitals for civilians.

10. The handicapped. Recreation has also proved its worth in programs for the physically handicapped. Surprising results have been attained in the organization of sports for the crippled. The blind have shown a remarkable ability in acquiring game skills in such sports as bowling, roller skating, and swimming. Special procedures in play production and in stage settings have been worked out to facilitate their participation in dramatic activities. Experience has proved that most blind people can dance happily and gracefully. The use of handicapped pupils as assistants to the recreation director encourages handicapped individuals in acquiring recreation skills.

Commercial Recreation

Recreation as a commercial enterprise has become a dominant factor in the country's economic as well as recreational life. Millions of people turn to commercial agencies for much of their recreation; the motion picture industry alone grossed over \$1,500,000,000 in 1945. This gigantic development testifies to the widespread desire of people for leisure-time activity. Amusements such as moving pictures, radio, theaters, dance halls, night clubs, amusement parks, and vaudeville are largely under commercial auspices. Professional exhibitions in baseball, football, boxing, wrestling, tennis, and ice hockey are exceedingly popular. Record-breaking crowds are attending the race tracks. Swimming pools, tennis courts, picnic areas, roller-skating rinks, golf courses, bowling alleys, and billiard establishments encourage active participation. Vacation travel, summer hotels, camps, dude ranches, and train outings for sport and hobby

enthusiasts all serve great numbers of Americans. In so far as commercial recreation opportunities are wholesome and reasonable in cost, whether they serve people as participants or spectators, they supplement the community agencies and serve the leisure-time interests of the population.

Cooperative Efforts of Recreation Agencies

The multiplicity of organizations furnishing recreation services created a need for cooperative planning at various levels in order that existing resources might be used most effectively to meet expanding recreation needs. The Education-Recreation Council of the National Social Welfare Assembly (organized in 1933 as the National Education-Recreation Council and composed of 35 federal and national voluntary agencies concerned with leisure time and informal education) exemplifies such cooperation on the national level. The Council, an informal conference body, meets about eight times a year to discuss subjects of common interest, exchange information, and study common problems. It has made studies of community leisure-time programs, undertaken projects jointly with federal agencies, evaluated findings of research groups, and considered special needs in the leisure-time field. •

The Associated Youth Serving Organizations, representing seven national agencies with a large youth membership, formed for the purpose of consultation and action on youth problems, is another example of cooperative planning and action. Since 1946 it has been closely affiliated with the National Social Welfare Assembly.

A National Recreation Policies Committee was organized early in 1946 for the purpose of "exploring developments and possibilities ahead for recreation in America." Its members consist of some 26 individuals, most of whom are affiliated with national organizations engaged in social work, recreation, education, and related fields or with federal agencies. The Committee was formed by invitation and its members serve as individuals and do not represent their organizations as they do in the Education-Recreation Council. The Commit-

tee is currently working on two studies relating to the responsibility of the federal government in the field of recreation and the nature and place of recreation in American life.

State recreation committees, community recreation councils, and local and state youth committees are other evidences of cooperative effort. Increasingly, local agencies are joining forces in conducting training institutes for paid and volunteer leaders. City planning groups are cooperatively developing plans for well-rounded recreation systems. Interagency cooperation is fostered through recreation councils, committees of councils of social agencies, or other groups formed to further mutual understanding, study, and cooperative action in meeting the city's recreation needs.

The National Recreation Congress, usually held annually under the auspices of the National Recreation Association, affords a medium for the interchange of ideas, information, experiences, and inspiration among leaders in the various recreation agencies. At the Congress, problems are discussed, recreation activities are demonstrated, and implications of the movement are considered frankly. Outstanding Congress features are informal discussion meetings, small group conferences, and displays of literature and materials of value to the recreation worker. Omitted during the war years, the Congress was again held in January, 1946, and was attended by nearly 1,100 delegates. Prior to its opening, a two-day industrial recreation conference was attended by 150 representatives of industries, labor organizations, and other groups.

Recent Developments and Trends

The overwhelming acceptance by communities of the idea of living war memorials promises a great expansion in community recreation resources. Reports indicate that among the most popular types of living memorials throughout the country are recreation buildings, playgrounds, parks, athletic fields, swimming pools, bandshells, and forests. Recreation areas have already been dedicated as memorials in several communities. In Vermont alone, memorial projects, most of them for

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recreation facilities, have been reported in 25 communities. The need for providing funds for maintaining and operating war memorials is more widely recognized than after World War I.¹

American cities of all sizes are demonstrating an unprecedented interest in long-range planning for recreation, with special emphasis upon neighborhood areas. The development of a long-term acquisition and improvement plan for recreation areas is a feature of the reconversion program in many cities. Planning involves an appraisal of existing resources, determination of needs, and adoption of a program to meet the needs. Long-range plans afford a guide to wise expenditure of capital funds, assure orderly development, focus attention upon the city's needs, and provide a basis for action. In a number of cities plans have resulted in the voting of bonds for recreation.

Among special groups certain to receive increasing attention in the reconversion period are veterans and their families, although most communities are serving this group through existing programs; patients in hospitals; minority and foreign-born groups; the teenagers; and people over sixty-five years of age. Better international understanding is being fostered through the introduction into community recreation programs of games, music, dances, and crafts from foreign lands.

A significant increase in interest and activity in the field of recreation on the part of the states in recent years promises still further developments in the years ahead. State park, forestry, and conservation departments are giving increasing attention to recreation as a major function. State departments of education provide basic and continuous opportunities for instruction in fundamental recreation skills. State educational institutions are coming to consider the whole state as their campus and are providing consultation services in recreation to local communities. General extension services promote music, drama, and nature education, and recreation specialists and club workers serve people in rural areas. Recreation directors and consultants employed by

various agencies in several states give much service to local communities. North Carolina in 1945 established by legislative act a continuing Recreation Commission and appropriated state government funds for its operation. Comprehensive state-wide recreation and leisure-time studies are being carried on in Montana and Washington.

The desirability of establishing a federal recreation bureau has recently been urged by a number of individuals and groups, and bills authorizing the creation of such an agency have been submitted to Congress. One of them, S. 2070, authorizing the establishment of a permanent federal recreation service in the Federal Security Agency with an annual appropriation of \$450,000, was introduced in 1946 but did not come to a vote. Among the services provided for in the bill were assistance to states and their political subdivisions and nongovernmental organizations in the development of community recreation programs, and the collection, publication, and distribution of specialized information, statistics, and reports. Many recreation leaders believe that action should await completion of a comprehensive study of the place of the federal government in the field of recreation. Others are pressing for immediate action.

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RESEARCH AND STATISTICS IN SOCIAL WORK.¹ The social worker in his daily practice becomes increasingly aware of common denominators which form distinguishable patterns in certain types of situations. It is the task of social work research to study these phenomena and to reduce them, if possible, to well-defined and usable generalizations in order to increase the effectiveness and economy of practice. The key person in social work research is thus the social worker, who furnishes the hypotheses for research and utilizes the results.

Research in social work does not, of course, furnish the entire scientific basis upon which the practice of social work is established. The results of the scientific study of human behavior and of social institutions in other disciplines such as psychology, biology, sociology, economics, and political science furnish much, if not most, of the theory that makes the practice of social work both possible and profitable. Research in social work, which is distinguishable from research in other fields, is directed toward four main objectives. The first is to improve and enlarge the techniques of diagnosis and treatment as they are used in social work practice. The second is to develop the efficiency and define the function of the social work agency as the medium through which social work is practiced. The third is to appraise and measure the community's needs for social work service and to disclose the steps by which these needs are to be met. And the fourth is to add to the general knowl-

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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edge of the etiology of social pathology, so that social action can be directed toward prevention as well as toward treatment. See SOCIAL ACTION.

As the profession of social work develops, it should assume a greater interest in the results of scientific research in social work and accept more responsibility for undertaking such research. Not only is the social worker the key person in social work research but he must undertake to do most of it, if the results are to have full value and acceptance. Social work research is the responsibility of those with the best training and the finest appreciation of the nature and needs of social work practice, and cannot be delegated to other persons regardless of how well trained or how experienced they may be in the subject of research methodology.

Social work research differs from descriptive surveys, isolated examples of practice, and the routine collection of data whether expressed in quantitative or nonquantitative form. This in no wise minimizes the importance of these latter endeavors since they are by their very nature the core of good practice, administration, and planning, and also of sound research itself.

Social Work Statistics

The term *statistics* was first applied to collections of data relating to matters of importance to the welfare of the state. The term *social work statistics* is very closely related to this early concept of statistics. Such collections of data usually represent the records of agency operation or consist of summaries of facts compiled for the purpose of agency administration or planning. Almost all social work agencies compile and release some statistics of operation. In many cases these reports are legal requirements and are collected centrally and released to the public by local, state, or federal authorities. In many cases individual membership of agencies in national associations, or in local community chests or councils, entails routine reporting of both financial and service statistics.

In addition to routine administrative statistics, social work organizations, both gov-

ernmental and voluntary, undertake numerous collections of data to furnish quantitative descriptions of the characteristics of a served or to-be-served population. From 1932 to 1942 these agencies received a great deal of assistance in this type of undertaking from federal, state, and local work projects operating under the Federal Emergency Relief Administration, Work Projects Administration, and National Youth Administration. Because of the availability of abundant inexpensive labor, the emphasis during this period was placed upon the collection of data and not upon the analysis or publication of the results. Recently much of these data are being used for research studies and the results are being released for the first time. The recent publication by Deardorff and Fraenkel, *infra*, of the hospital discharge study was based on 1933 data collected with Work Projects Administration assistance.

At the present time some use is made of local relief clients in work projects to collect social statistics, although such projects are not organized on a national scale and lack the standards that the national programs of work relief provided.

In the war period, with its shortage of manpower and the paramount issue of national security, it was impossible to conduct large-scale surveys or collections of social data. The surveys that were made were directed toward specific war needs and were based upon refined sampling methods to reduce the amount of work involved. The experience of the Bureau of the Census in the surveys of the ten so-called congested areas (Charleston, Detroit-Willow Run, Hampton Roads, Los Angeles, Mobile, Muskegon, Portland-Vancouver, Puget Sound, San Diego, and San Francisco Bay), undertaken in the first six months of 1944, did much to popularize the use of sampling in community studies and large-scale fact finding. The postwar demands for immediate collection of statistical data together with the increased cost of collecting such data will make the use of sampling techniques imperative.

Following the cessation of hostilities and the growing need to provide for an expanding

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and permanent public policy toward assistance, social insurance, and public services, there has been an increased emphasis on fact finding and upon the analysis of data previously collected. Much of this interest has come from the demands of legislative committees, both state and federal, which are confronted with an increasing volume of proposed legislation on social security and public social services, and the need to reorganize the administration of the existing legislation in this field. For example, the House Committee on Ways and Means, having bottled up the 294 proposed bills on social security introduced within the past five years, was forced to appoint a technical staff to make a detailed study of the inadequacy of the present social security legislation. If legislation such as the Wagner-Murray-Dingell Bill is passed, there will be a corresponding increase in service reporting in the field of social security, together with a demand for new actuarial studies.

As early as December 28, 1944, representatives of the Departments of Commerce, Labor, and Agriculture outlined, before the membership of the American Statistical Association, plans for an increased program of collecting social data, much of which would be of particular interest to social workers. These plans included surveys of consumers' expenditures, family income, housing needs, wages, and occupations. As one representative pointed out, "In many ways, a full employment program will require more and better statistical information than does wartime control." At the same meeting the progress in the trend to centralize and standardize the collection of social and economic statistics by the federal government was reviewed.

The postwar drive to reorganize the administration of federal social services will, if successful, have considerable effect upon the collection and use of social statistics. Reorganization Plan No. 2, issued by President Truman in accordance with the Reorganization Act of 1945, by transferring the Children's Bureau from the Department of Labor to the Federal Security Agency places under the same administration the two agencies which collect the bulk of social work statistics re-

leased by the federal government. The transfer of the Division of Vital Statistics (renamed the National Office of Vital Statistics) from the Bureau of the Census to the United States Public Health Service of the Federal Security Agency brings together in one administrative unit the collection of vital statistics and the research program in public health.

Another development in social work statistics is the increasing interest in maintaining central registers of cases which provide the basis for periodic reports on the volume of agency services and a means to undertake detailed studies of the characteristics of individuals served. Such registers are possible only when conducted on a scale large enough to warrant the maximum use of mechanical tabulating equipment. The Michigan State Department of Social Welfare has inaugurated a program to record and tabulate all of the county probate court cases dealing with juvenile delinquency, dependency, and neglect.¹ The Department makes monthly reports by counties to the courts, and annual reports to the United States Children's Bureau. This method was introduced by the state to ensure the most economical and uniform reporting on juvenile delinquency. The project will be a good test of the feasibility of this type of statistical procedure and its value to local, state, and federal agencies.

The Children's Bureau recently sponsored, in cooperation with the Washington Council of Social Agencies, an experimental registration of juvenile delinquency in the District of Columbia.² The report of this study indicates the possibilities inherent in this method of study of the organization of a community service for children with behavior problems, and of measuring more adequately the extent of delinquency.

The National Tuberculosis Association has published a manual³ of methods for organizing and maintaining a central case register of tuberculosis cases, and a group of interested

¹ See Michigan State Department of Social Welfare, *infra*.

² See Schwartz, *infra*.

³ See Mikol, *infra*.

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persons has long advocated this method for the study of "social breakdown."

Other Summaries of Social Data

Although social work statistics occupies the central role in furnishing data for the study of relationships in social work research, it is not the only method employed. The case method of collecting data for research purposes has been so abused and misused in the past that it has lost considerable prestige as a research method. However, it still remains an important instrument, especially in studies of social work techniques. Case studies, if they meet criteria of sound statistical sampling and if they utilize statistical techniques of analysis, are more valuable as evidence in most social work research than are large quantities of unsupported descriptive statistics. The case worker, because of her specialized training in interviewing and recording, should be an important participant in research. Levine's recent description, *infra*, of the case worker's contribution in a study of the needs of servicemen for psychiatric rehabilitation should encourage practitioners to participate more in social work research.

The magnitude of such problems as provision for veterans and the rehabilitation of people in the famine areas of the world has led to the collection and arrangement of pertinent records. Some of these publications, such as the historical summary of veterans' legislation by the 79th Congress,¹ Bane and Lutz's *Organization of American Relief in Europe, 1918-1919* and Kraus's *International Relief in Action*, stress the historical development of how problems were handled; while others, such as the publication of select documents from the Council of the United Nations Relief and Rehabilitation Administration, are official records of current action.

During the past two years there have been a number of surveys dealing with social work programs or special needs. Among these are Gunn and Platt's survey of voluntary health agencies, Cavins' survey of national health agencies, Hopkirk's study of institutions serv-

ing children, Colean's study of American housing, and Teeters' survey of world penal systems.

Schools of Social Work

The schools of social work and the universities of which many of them are a part play a leading role in social work research. Since the report on *Education for the Public Services*¹ by the American Association of Schools of Social Work pointed out the questionable practice of schools borrowing instructors from other departments in the universities to give instruction in research in social work, there has been an increasing employment of full-time professors in social work to be responsible for the teaching of social work research and statistics. The increasing enrollment of students in the schools makes further development of this practice inevitable. The report of the Curriculum Committee of the American Association of Schools of Social Work, adopted in 1943, recommended that two basic courses, one on statistical methods and another on research methods, should be given as required courses, and that these courses should be under the control of the schools. A number of the schools offer specialization in the field of social work research and, although only four students were reported as graduating with majors in social work research in 1944-1945, there is an increasing number of advanced courses being offered in research methods.

Most of the schools require the completion of an individual research project or thesis as a requirement for graduation, representing in some instances as much as six semester hours of credit or one-eighth of the entire professional training being devoted to individual research. One school, the Department of Social Work of the Carnegie Institute of Technology, requires at least 196 clock hours of field work in research of all students in lieu of a thesis. In 1946 the American Association of Schools of Social Work held a special workshop on the teaching of research in social work

¹ For all references in this and the following paragraph see *infra*.

¹ American Association of Schools of Social Work. *Education for the Public Services. A Report of the Study Committee*. 324 pp. Chicago. 1942.

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at the annual meeting, in which the importance of relating student research to the field work practice was stressed. Since the Association discontinued its service of listing theses completed in the schools, several schools publish their own lists, some of which appear in the school catalogues.

A number of schools publish the results of faculty and student research either in monographs or periodicals. Among these publications are the *Social Service Review* of the School of Social Service Administration of the University of Chicago, the *Bulletins* of the New York School of Social Work, the *Journal of Social Work Process* of the Pennsylvania School of Social Work, the *Smith College Studies* of the Smith College School for Social Work, and *Caritas* of the Boston College School of Social Work. The Department of Social Work of the Carnegie Institute of Technology and the School of Applied Social Sciences of the University of Pittsburgh make use of *The Federator*, published by the Federation of Social Agencies of Pittsburgh and Allegheny County. The School of Public Administration of Wayne University and the Institute of Social Work of the University of Michigan use *The Accelerator*, a mimeographed monthly published by the Detroit Chapter of the American Association of Social Workers.

The American Association of Schools of Social Work has assisted students and faculties of the member schools in undertaking studies in the field of social work education. One such thesis is a study of essential books for the teaching of basic social work courses, made by Ruth Kennedy at the University of Michigan; and another is a study on the background of the faculties of the schools, being made by a student at the University of Chicago. See EDUCATION FOR SOCIAL WORK.

Professional Organizations

Professional organizations of social workers serve two important functions with regard to research. One is to encourage the membership of the profession to undertake research, and the second is to sponsor or engage in research directly bearing upon standards of professional

practice. The American Association of Social Workers recently appointed a research committee to advise on the Association's responsibilities in research. The Association's staff conducts studies of the training, positions held, and salaries received by the membership. The Detroit Chapter of the Association has appointed a research committee whose primary function is to encourage a greater interest and participation in research by the membership of the Chapter and the students in the two local schools of social work. Many of the local chapters conduct studies relating to personnel practices. See SOCIAL WORK AS A PROFESSION.

The National Conference of Social Work, through its annual meetings, has served as a forum for the presentation and discussion of research papers. Statisticians and registrars employed by councils of social agencies usually meet at the Conference to study the problem of measurement in social work and methods of encouraging agency participation in reporting. The United States Children's Bureau utilizes the Conference meetings as an opportunity to bring together the statisticians responsible for filing reports with the Bureau. See CONFERENCES OF SOCIAL WORK.

The American Public Welfare Association has to its credit many publications on studies of public welfare administration. Other professional societies such as the American Association of Medical Social Workers, American Association of Group Workers, American Association of Psychiatric Social Workers, and the National Conference of Catholic Charities are active in promoting research and study of social work problems. A number of professional organizations closely related to social work, such as the American Public Health Association and the National Recreation Association, have developed standardized forms to be used in appraising community needs in health, housing, and recreation. *An Appraisal Method for Measuring the Quality of Housing*, recently published by the American Public Health Association, *infra*, is of special interest to social workers.

Voluntary Agencies

The many national organizations of specific

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groups of social work agencies have been responsible for most of the research regarding agency administration. They have likewise been responsible for much of the research relating to the discovery of community needs for social work service. In keeping with these activities they have done much to standardize the uniform collection of service statistics, to develop appraisal forms for agency self-study, and to furnish competent assistance in undertaking specific studies of this nature.

National organizations, through their regular releases and in special reports, publish much of the results of agency and community studies; and a number of them, such as the Family Service Association of America and the Child Welfare League of America, have sponsored considerable research in the area of social work practice. Part Two of this volume describes the activities, including research interests, of the national agencies and lists their periodicals.

Research and fact finding are important functions of councils of social agencies. Many of the larger councils have established separate research departments for this purpose. The activities of such departments include standardizing of reporting, undertaking of surveys and special studies, preparing and releasing of reports on current trends in social work service, advising and encouraging research by individual agencies, and serving as a resource for field work placements in social work research.

In many cases the councils of social agencies sponsor research beyond the normal areas of social work. This has been true where local planning commissions and public health, welfare, and recreation departments have been unwilling to assume their full responsibility toward the collection and analysis of statistics for planning and social action. A number of the councils serve as local representatives for the census tract statistics of the Bureau of the Census, and some represent state departments of welfare and assistance in collecting reports from the local agencies. Many of the councils provided the leadership in the statistical and research projects of the Work Projects Administration and National Youth Ad-

ministration and have become the depository for much of the data collected. The Bureau of Social Research of the Federation of Social Agencies of Pittsburgh and Allegheny County furnishes one of the outstanding examples of this type of council activity. Its recent publication of *Social Facts* (*infra*) containing over 200 indices of social and economic data based on census tract tabulations, is not only a real contribution to the community but also to the methodology of social research. See COUNCILS IN SOCIAL WORK.

The standardization and encouragement of local agency reporting on service and financial statistics are a primary concern of the councils of social agencies. The study of this problem by Raymond Clapp of the Cleveland Welfare Federation in 1924 led to the organization of a joint committee of Community Chests and Councils, Inc., and the University of Chicago which developed a plan to obtain simple and uniform reports on the volume and flow of services. This project, called the "Registration of Social Statistics," was turned over to the Children's Bureau for supervision in 1930. From 1930 to 1946 the councils of social agencies received valuable assistance from the Children's Bureau in the expansion of the registration project, in the utilization of the data in local budgeting, and in planning and interpreting social agency service. The publication of the *Social Statistics Bulletin* between 1933 and 1937 as a separate periodical, and from 1937 on as a supplement to *The Child*, has constituted one of the basic references in social work statistics. In 1946 the "Registration of Social Statistics" was transferred by the Children's Bureau to its original sponsor, Community Chests and Councils, Inc., in order to encourage a greater inclusiveness in the registration of service data by the local councils and to bring the research function of the council into closer relationship with budgeting and planning. The Children's Bureau is thus left free to specialize in the collection of service statistics in the child care field and on a state-wide rather than a community basis. From the point of view of the Children's Bureau this change seemed especially necessary, since the Social Security Act—in working

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through the states—gives added emphasis to state-wide statistics. The local council must have its service data on a community basis that does not necessarily follow city, county, or state lines.

Community Chests and Councils, Inc., in accepting the registration project, has made plans for central supervisory staff and for regional representatives on a part-time basis to render field service and to encourage the expansion of the project. Currently, there are 44 urban areas which have participated in the project over a substantial period of time, and some of them have collected comparable data in some fields for the entire sixteen years of the registration.

In addition to the above service, Community Chests and Councils, Inc., collects statistics on chest expenditures, community chest budgeting, types of pledges, reserve funds, corporation contributions, costs of central services, employe group solicitation, trends in chest giving, and chest accounting methods. It makes individual studies on these and related fields, and gives field service to the member chests and councils in their research undertakings. It also maintains a central library of the studies made by the individual councils and chests and makes these studies available by loan to the member agencies. *See COMMUNITY CHESTS.*

Individual voluntary agencies, because of their small size and limited budgets, are seldom able to undertake elaborate research or statistical projects. However, their importance to social work research can hardly be overestimated. It is the individual private social work agency with its tradition of experimentation and flexibility of operation that furnishes the opportunity for field work students and practitioners to undertake studies in social work practice. In fact, very little research in this important field is possible without the cooperation and encouragement of these agencies.

As the pool of trained social workers becomes larger, the means as well as the incentive for research in social work practice is increased. The American Association of Social Workers, in its recent revision of the stand-

ards for personnel practice, encourages research by individual social workers by recommending agency recognition for research contributions made by workers. Finally, it is the individual social work agency that has the important responsibility of reconciling the confidential character of agency records with the need to use such records in research studies.

All social work agencies, governmental and voluntary, in the long run owe their continued existence to their ability to make accurate and acceptable reports to the public regarding their services and financial operations. Consequently, the individual agencies have done much to develop simple and understandable methods of presentation of data and conclusions drawn from such data. In this they have been encouraged and assisted by the National Publicity Council for Health and Welfare Services. *See PUBLIC RELATIONS AND EDUCATION IN SOCIAL WORK.*

Governmental Agencies

Numerous agencies of the federal, state, and local governments publish statistics and carry on research either in social work or in fields of interest to social workers. Some of these agencies administer health, welfare, or educational programs, and others that do not have operating responsibilities compile data basic to social and economic planning. In most cases governmental agencies administering such programs are required by law to report periodically on their operations. Sometimes they are charged with definite responsibilities in studying social problems beyond the scope of existing legislation, for the purpose of making recommendations for the enactment of new legislation.

The postwar period, like the war and depression years, is exerting a distinctive influence upon the development of research and statistics by governmental agencies. While the war retarded the progress of research by governmental agencies operating social programs not directly connected with the war effort, the postwar period, with its reconversion problems and a fear of greater social problems to come, has greatly stimulated an interest in social research. Much of the data

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accumulated in the course of operating war services and handling problems created by the war are now being analyzed and reported upon. These include statistics collected by the Selective Service System, the polls of attitudes and opinions of men in the armed services collected by the Army and Navy, the operating statistics of the United Service Organizations, Inc., and the statistics on health and welfare services in congested war areas, particularly those on the control of venereal disease.

The Federal Security Agency, which was established to bring together those agencies of the federal government whose major purposes are to promote social and economic security, educational opportunity, and the health of the citizens, furnishes the largest volume of statistics and research directly bearing on social work of all federal agencies. On July 16, 1946, the President's Reorganization Plan No. 2, expanding the Federal Security Agency, went into effect. This Plan, by transferring to the Agency the Children's Bureau of the Department of Labor and the vital statistics operation of the Census Bureau, has materially increased the importance of the Agency as a source of social work statistics.

Of the four operating branches of the Federal Security Agency, the Office of Education and the Public Health Service collect educational and health statistics for the nation and conduct research studies, many of which have a direct bearing upon social work. The Social Security Administration, which has assumed the function of the former Social Security Board, conducts studies and makes recommendations on the methods of providing economic security through social insurance and related programs. The various operating bureaus of the Social Security Administration develop service statistics and conduct special studies in their respective fields. The Administration also conducts actuarial studies connected with the long-range planning for the social insurances. The Office of Special Services includes, along with other services, the Office of Vocational Rehabilitation, set up to administer the provisions of the Barden-Lafollette Act of 1943, and furnishes valuable statistics in this important field.

The Children's Bureau, now operated as a unit of the Social Security Administration, is charged with the promotion of health, educational opportunity, and welfare of children throughout the country by means of studies and reports, and administers such services as the grants-in-aid for maternal and child health, crippled children's services, and child welfare services. It is one of the oldest and one of the most important sources of social work statistics and research in the federal government.

Because of its initial policy of encouraging individual agencies to keep service records and to report to its representatives, the Children's Bureau was able to promote agency interest and participation and to exert considerable influence upon the standardization of measurement and the publicizing of results. Subsequent enlargement of the Bureau's job to include administration of social security grants-in-aid resulted in a revision of its policy with relation to the collection of social work statistics. Current procedures call for a flow of reports from the local public agencies to appropriate state agencies which assume the responsibility of working with the individual units. The state agencies then summarize the data and transmit reports to the Children's Bureau. The new reporting policy concentrates upon statistics relating to child welfare services and juvenile delinquency statistics, rather than attempting to cover the broad field of social work.

It is planned to extend the reporting on child welfare services progressively to include dependent, neglected, and delinquent children served by all voluntary agencies and institutions operating in a state, in order to achieve the rounded picture needed for planning the extension and improvement of these services on a state-wide basis. It is also planned to enlarge the number of items reported on and to describe the nature and extent of services provided, in order to give a better basis for evaluating their effectiveness. Some method of financial reporting of the total expenditures in terms of unit cost will be undertaken. It is planned to extend the juvenile court report-

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ing to include probationary services and adult cases involving children.

Most of the statistical data and research findings of the Federal Security Agency are made available to the public through the *Bien-nial Survey of Education*, the *Social Security Bulletin*, the *Social Security Yearbook*, and *The Child*, supplemented by numerous bulletins, special releases, and studies.

The Department of Labor is charged with the duty of acquiring and diffusing useful information on subjects connected with labor in the most general comprehensive sense. Established in 1913, it is one of the governmental departments with the longest record of compiling statistics directly related to social work problems. From the social work point of view the most important bureaus of the Department are the Women's Bureau, the Bureau of Labor Statistics, and the Division of Labor Standards whose Child Labor and Youth Employment Branch is charged with the administration of the child labor laws. The statistics and studies of the Department of Labor are made available through the *Labor Information Bulletin*, the *Monthly Labor Review*, and numerous bulletins and special studies.

The Department of Commerce, which includes the Bureau of the Census, collects and releases basic statistics on population and social and economic characteristics of the populace. The Department is also responsible for compiling estimates on the labor force of the country.

The Bureau of the Census publishes detailed statistics on the 1940 population of 61 cities, by small areas known as "census tracts," and in some cases by blocks. These data, correlated with other local information collected on the same basis, have made possible a number of important source books on the geographic distribution of social statistics within the urban community. Among some of these local summaries recently published are the *Social Facts* books of Pittsburgh, the *Cleveland Market Data Handbook*, *Social Trends in Seattle*, and the *Handbook* compiled for the Neighborhood Health Development, Inc., of New York City.¹

¹ For all four references see *infra*.

The registration of vital statistics project of the Bureau of the Census was studied with thoroughness by the Bureau of the Budget, and the study was transmitted to Congress by the President in 1943. This study gives a history of the project and points out the close relationship to public health planning.

There are numerous other federal agencies which collect social statistics and undertake studies of interest to social workers. The *United States Government Manual* gives a description of the activities of these agencies, and the check lists of the Superintendent of Documents describe their publications. Special lists of recent publications are furnished on request; and some of them, such as numbers 10 (Laws), 31 (Education), 33 (Labor), 36 (Government Periodicals), 51 (Health), 67 (Immigration), 70 (Census), and 71 (Children's Bureau) are of special interest to social workers.

The vast network of state public agencies including departments of agriculture, health, labor, public welfare, and planning compile statistics and conduct research bearing upon social work problems. Some idea of the volume of their findings can be ascertained from a study made by David M. Schneider, *infra*, who estimated that, as of October, 1944, the states employed 1,731 statistical workers of all grades and that 26 per cent were in departments of labor and industry, 17 per cent in departments of public welfare, and 14 per cent in departments of health. The following list of research and statistical studies selected from those conducted by the New York State Department of Social Welfare in 1945 indicates the type and variety of welfare studies undertaken by state departments: analysis of training, experience, and salaries of local child welfare workers; expenditures for public assistance and administration by program and source of funds for each county; trends in the volume and cost of hospital care; children in foster care; contributions of grandchildren and grandparents to the support of relief recipients; analysis of trends in cases adjudicated for delinquency; amount of state aid given for welfare activities to counties; and study of approved state-charge cases.

As of January, 1946, there were 32 annual

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and 13 biennial reports published by the various state departments of welfare. There were also 33 monthly publications, 11 quarterlies, 2 bimonthlies, and 1 semiannual bulletin. The *United States Check List on State Publications* provides an easy reference to these publications, and the American Public Welfare Association issues a list of these publications together with a brief description. The *Social Service Review* routinely reviews the more important of them.

Research Foundations

There are over 500 American foundations, many of which conduct or make grants for research in the fields in which social workers are engaged. These foundations have a unique opportunity to pioneer in new fields of research and to appraise the effectiveness of public programs.

The Russell Sage Foundation has conducted extensive research in a wide variety of social work and related problems. Much of the stimulus for statistical reporting by social work agencies has come from the pioneering work of this foundation. Its bibliography and library service is one of the most important resources for research workers in the field of social work. Among its more recent studies is a descriptive directory of 505 American foundations for social welfare, listing their purposes and activities.¹

The Social Science Research Council conducts research on numerous phases of social work and allied fields. Through special committees it stimulates research on such subjects as social adjustment and problems of government. The Council, through its research fellowships and grants-in-aid, has done much to encourage individual research efforts. Its important contribution is in research methodology. Among its more recent publications in this field are *The Use of Personal Documents in History, Anthropology, and Sociology, Theory and Practice in Historical Study, and Social Research on Health*.

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RALPH CARR FLETCHER

RURAL SOCIAL PROGRAMS.¹ Rural welfare is dependent on the condition of agriculture. Two primary problems have long overshadowed "the good life" on the farm and in the villages. These are the instability of farm income and the overcrowded and underpaid condition of agricultural employment.

During the war years these basic issues have been obscured. An exodus of 5,000,000 persons from farms, together with increased prices of farm products, has definitely affected the per capita income of the remaining population. The average net income per worker engaged in agriculture rose from \$531 in 1940 to \$1,456 in 1944. The old problems, however, almost certainly will reappear. A seriously un-

balanced economy with surpluses of certain commodities, continued wastage of natural resources, poor farm tenure, and overpopulation may be expected — with their concomitants of low incomes and deep poverty in certain regions.

Farm leaders for years have been giving attention to some of the acute problems within agriculture and to the development of certain services to the farm population, but it was not until the industrial depression of the 1930's that the mass suffering in rural communities received general public attention. The resources of local governmental units, strained by a long period of depressed agriculture, could not develop and maintain adequate educational, health, recreational, and other social services without federal and state funds and leadership; hence the recent origin in rural communities of many services that had been known in metropolitan areas for years.

Agencies in the Field

Federal agencies that have taken the lead in the development of special rural programs are the Bureau of Human Nutrition and Home Economics, the Bureau of Agricultural Economics, the Extension Service, and the Farm Security Administration¹ — all functioning under the United States Department of Agriculture — and the United States Children's Bureau. The Tennessee Valley Authority and the Rural Electrification Administration, independent federal agencies, have brought social benefits of major significance.

As a voluntary agency, the National Child Labor Committee is outstanding in its interest in rural children and has cooperated with the Children's Bureau in its long fight against child labor. In 1941 the Committee had planned a campaign for the extension of the child labor provisions of the Fair Labor Standards Act of 1938 to include industrialized agriculture, but this had to be dropped when the United States entered the war. Meanwhile, the Committee seeks elimination of exemptions for agriculture in the state child labor and compulsory education laws, and is lend-

¹ For names of national agencies in this field listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

¹ Discontinued in November, 1946, and its functions transferred to Farmers Home Administration.

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ing support to federal aid for education. *See* CHILD LABOR AND YOUTH EMPLOYMENT.

The American Country Life Association has through the years maintained an interest in economic development, rural health, recreation, education, women's work, and the country church. Its annual conference provides a forum for representatives of national farm and country life organizations to exchange views on rural problems. The theme of the 1946 conference was "Rural Life in a Changing World."

The three most influential farm organizations are the National Grange of the Order of Patrons of Husbandry, founded in 1867; the Farmer's Educational and Cooperative Union of America, 1902; and the American Farm Bureau Federation, established in 1919. The Grange has a membership approximating 800,000 individuals in 37 states. Many local granges own halls which are used as social and civic centers in the community. The Farmer's Union developed its greatest strength in the Western Plains states. Its program reflects interest in the problems of the low-income farmer and in better race relations, better rural health, full employment, and the river development programs. The American Farm Bureau Federation has a membership of 986,136 farm families in 43 states and Puerto Rico. It has been particularly strong in the "corn belt" where in a number of states annual dues are \$10 or more. Local bureaus were originally organized as lay constituent organizations of the county extension services, and the organization continues to support that program. All three organizations are important forces for recreation, education, and legislation although their points of view frequently differ. All include youths as well as adults in their programs and all are interested in cooperative organization for the farmer.

Health

One of the most pressing rural needs is that of improved health. In 1900 the death rate for the farm group was about 50 per cent lower than the urban rate; today, it is scarcely 10 per cent less. The infant and maternal mortality rates in rural communities are both

considerably higher than the corresponding urban rates. Fatal accident rates among farm workers exceed the death rates in manufacturing industries, and the rate of rejections among Selective Service draftees examined during World War II was higher for farm boys than among urban youth. An increasing disparity in the number of doctors, dentists, and nurses in rural areas and the lack of hospital and other health facilities have made the problem of adequate health care acute.

Through the grants-in-aid under the Social Security Act, progress has been made in the establishment of preventive health services; yet in 1941 almost 1,400 counties out of 3,050 were without a full-time department of public health. Except for the federal-state program for crippled children and the emergency maternity and infant care program for wives and children of servicemen in specified ranks, medical care and hospitalization in rural areas for persons unable to pay are almost entirely dependent upon state and local funds and are frequently limited to emergency care of indigent persons. *See* CRIPPLED CHILDREN and Emergency Maternity and Infant Care Program in MATERNAL AND CHILD HEALTH.

Voluntary prepayment plans have been almost entirely an urban development, and existing patterns of private prepayment plans are not well suited to the farm group. The Mississippi Farm Bureau has recommended a comprehensive state health program including prepayment plans. The Health Committee of the Northern Great Plains Council has a field secretary who assists states in the region in organizing medical services and in development of an educational program. The Farmer's Union in Oklahoma sponsors a cooperative hospital, and here and there there have been small demonstration projects under private auspices.

An educational program with regard to medical care has been launched by the Extension Service of the United States Department of Agriculture, and several state extension divisions now have full-time health-planning specialists on the staff.

The most extensive development of group health plans has been under the Farm Security

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Administration. In 1945, there were plans in 1,048 counties. Through these units more than 55,000 families, mostly Farm Security Administration borrowers, were receiving one or more types of prepaid health service. The average family membership fee is \$18 to \$20 a year to cover the services of family physicians and drugs dispensed by them. The United States Department of Agriculture, through its Interbureau Committee on Postwar Programs, has also developed experimental health associations in six counties in four southern states. Membership is open to all county residents earning most of their income from agriculture, and fees are a percentage of annual net income.

Nonprofit incorporated agricultural workers' health associations, financed by the government, with a full-time nurse and providing medical, surgical, dental, and hospital care purchased locally, were established by the Farm Security Administration and continued by the War Food Administration when the camps were taken over in 1943.

The nonfarm rural population is relatively untouched by any form of group medical care. *See* MEDICAL CARE and PUBLIC HEALTH.

Housing

Figures available from the 1940 census indicate that most rural housing is still far below any minimum standards of health and decency, and housing studies generally show farm housing to be worse than either village or urban housing. The Farm Security Administration has had considerable experience with planning and building farm houses at low cost, and through its loan program has done much to improve rural housing among its own borrowers. Otherwise, there has been little governmental activity in this field. *See* HOUSING AND CITY PLANNING.

Education

The exodus of thousands of poorly paid rural teachers during the war has resulted in still less equitable standards of education in many communities. Opportunities for employment, guidance, and vocational education—except in agriculture and home economics,

which are aided by federal funds—remain extremely limited. There is also a dearth of facilities for aid to the exceptional child.

Under the National School Lunch Act, passed in May, 1946, states will receive aid in operation of school lunch programs as permanent parts of the school systems, superseding the year-to-year program under the agricultural appropriation bills.

Negro children in rural areas constitute an especially disadvantaged group educationally. The Southern Education Foundation, through its Anna T. Jeanes Fund, has been helpful in improving rural education for this group. It now provides 452 "Jeanes teachers" who serve as rural school supervisors in 476 counties of southern states.

The Committee on Rural Education, affiliated with the American Country Life Association and the Farm Foundation, gives leadership in the field of rural education. The National Education Association maintains a Rural Education Department.

Here and there are found remarkable examples of rural schools which have realistic community-centered programs. However, the problem of inadequate financing is basic to most of the difficulties in rural education. This is intensified by the fact that the districts which have the lowest income are usually responsible for educating a disproportionately large number of children. There will be no real solution of the inequalities of educational opportunity between rural and urban children until there is federal aid for education and prohibition of rural child labor. *See* SOCIAL AND HEALTH WORK IN THE SCHOOLS.

Adult Education and Recreation

The oldest and most extensive project in adult education is the work in vocational agriculture and home economics carried on through the county agents of the Extension Service of the United States Department of Agriculture and the state extension divisions, for the benefit primarily of the farm population. Federal and state funds available under the Smith-Lever Act of 1914 are supplemented in some communities by the farm bureaus. As of June 30, 1945, 2,807 counties had the serv-

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ices of county agricultural agents and 2,017 had home demonstration agents. More than 1,000,000 women were members of home demonstration clubs. The 4-H clubs for boys and girls from ten through twenty years of age had a combined membership of 1,590,598 during 1944. Special club agents were employed in 242 counties. *See* 4-H Clubs in Boys' AND GIRLS' WORK ORGANIZATIONS. During World War II, the major emphasis in extension services was on nutrition, health, food production, and food preservation. In recent years, increasing attention has been given to families in the low-income groups and to work with older rural youth.

The movement toward state and county traveling libraries and toward the establishment of joint-county libraries has helped to meet the needs of rural people, but library service is still much less adequate in rural communities than in urban. Legislation providing for rural library demonstration projects with federal aid was favorably reported shortly before adjournment by the Senate Committee on Education and Labor of the 1945 session of Congress. Testimony before the Committee indicated that 35,000,000 people in the United States have no library service available. *See* ADULT EDUCATION.

State parks now comprise more than 4,000,000 acres, and in 1940 the attendance was 96,000,000. In a number of states, the state park departments employ a supervisor of recreation and many conduct naturalist programs and provide for camping, major and minor sports, pageants, and other activities. State parks and forests are extensively used by rural organizations. A good many state colleges of agriculture and university extension divisions now have full-time recreation specialists. For some years the Extension Service has co-operated with the National Recreation Association in conducting institutes for the training of volunteer recreational leaders.

The liquidation of the Civilian Conservation Corps, Work Projects Administration, and National Youth Administration meant a considerable contraction of personnel and funds that had helped to stimulate the development of rural recreational areas and programs. Dur-

ing World War II, the Division of Recreation of the Office of Community War Services and the United Service Organizations, Inc., aided many rural camp and industrial communities by providing suitable buildings and programs for service personnel and war workers. *See* RECREATION.

The agricultural secretary of the National Board of the Young Womens Christian Associations reports a total membership of approximately 99,807 women and girls in 1,554 rural communities and small towns. Of this number, approximately 44 per cent live on farms. Other private educational and recreational agencies that have permeated many rural communities include the Young Men's Christian Associations, Boy Scouts, Girl Scouts, and Camp Fire Girls. *See* BOYS' AND GIRLS' WORK ORGANIZATIONS and YOUTH SERVICES. The Home Missions Council of North America represents the rural social programs of the various Protestant churches of the Federal Council of the Churches of Christ in America. The Council maintains a staff which works among migratory agricultural laborers. In addition to a religious program, the Home Missions Council offers recreation, child care, literacy, and adult education programs. Its Committee on Sharecropper Work is interested, among other things, in the training of rural Negro ministers. Other committees with rural interests are one on Indian work and a Town and Country Committee. *See* PROTESTANT SOCIAL WORK.

The National Catholic Rural Life Conference, organized in 1923, meets annually to formulate policies of the Catholic Land Movement and to explain its philosophy. It is dedicated to the economic, social, and spiritual interests of the American farmer. About 80 bishops have appointed rural life directors who apply the general principles of the Conference to local conditions. *See* CATHOLIC SOCIAL WORK.

The Jewish Agricultural Society, supported by foundation funds, assists Jews who are on farms in the United States and those desiring to settle on farms. It makes loans to them on liberal terms and maintains an extension department, an employment bureau, a train-

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ing farm for refugees, and a department of sanitation. It also makes loans for synagogues and center buildings in Jewish farm communities and extends credit to certain types of co-operatives. See JEWISH SOCIAL WORK.

Economic Assistance and Related Services

Prior to 1933, the only aid available for persons in need in most rural communities was poor relief or neighborly assistance. Under a system which placed responsibility for relief on local units of government it was inevitable that where the needs were greatest, resources would be fewest. In January, 1935, 16 per cent of the total rural population in the United States was receiving relief.

Special measures for relief of the farmer developed soon after the Federal Emergency Relief Administration was created, culminating finally in the establishment of separate agencies for the farm group. The most significant of these was the Farm Security Administration, created by executive order in 1937, later brought under the United States Department of Agriculture, and discontinued in November, 1946, when its functions were transferred to the newly established Farmers Home Administration. Major programs administered by the Farm Security Administration included the following:

1. The resettlement program, which at its height included subsistence homesteads, community farming projects (some of which were farmed cooperatively), scattered farms that were bought and sold to needy families, and migrant camps for farm laborers. Unfortunately Congress, in the Department of Agriculture Appropriation Act for 1943, ordered the liquidation of the entire resettlement program. As of May 31, 1946, 85 per cent of the more than 9,000,000 acres of land in these projects had been sold to private owners, and all nonagricultural projects such as processing plants, factories, and various cooperatives had been liquidated.

2. The rehabilitation program for low-income farmers provided for subsistence grants and for loans to owners, tenants, and laborers who needed financing for farm operations. Grants were virtually discontinued in 1942. Since

1935 the supervised credit services of the agency and its predecessors have been used by about 860,000 families of whom more than 374,000 had repaid their loans in full by the close of 1945. In 1944-1945, supplemental loans were made to 102,890 families who were already under supervision, and new loans were made to 24,996 families. Each so-called standard loan is based on a farm-and-home plan, and training in farming methods and home management is given by county farm and home supervisors.

3. The "water facilities" program made possible the extension of credit and technical assistance to farmers for the repair or installation of facilities for farmstead and irrigation water.

4. The Bankhead-Jones Farm Tenant Act of 1937 authorized federal funds for loans to tenants to enable them to purchase farms. Appropriations for this purpose have always been limited, but more than 38,000 farm ownership loans were made in the first eight years. Half of the \$50,000,000 appropriation in 1946 was earmarked by Congress for loans to veterans. The increase of farm income during the war years has been reflected in the collection figures on all types of loans. County committees approve all loans made under the farm-tenant and rehabilitation programs.

In 1942 the Farm Security Administration employed over 19,000 persons; as of May, 1946, it had 8,713 employes in the continental United States. The majority of personnel of the agency was always excepted from the Civil Service.

The only assistance programs available to the nonfarm rural population are those enumerated in the Social Security Act of 1935 and such general relief as might be available from state or local funds. The figures of the Social Security Board¹ on recipient rates and payments do not make possible a comparison between rural and urban communities, as defined by the census. Figures are given, however, on assistance in "metropolitan" and "non-metropolitan counties." The proportion of

¹ Abolished July, 1946, and functions assumed by Social Security Administration.

Rural Social Programs

children per 1,000 children in the population receiving aid in both types of communities is approximately the same, but almost half again as many aged per 1,000 aged in the population receives old age assistance in nonmetropolitan counties. Grants for both groups are larger in metropolitan counties. In January, 1942, 63 per cent of all cases receiving general relief were located in metropolitan counties and 75 per cent of all general relief payments were expended there. The number of rural persons covered by unemployment insurance is limited, and agricultural workers are excluded from old age and survivors' insurance. *See PUBLIC ASSISTANCE and SOCIAL INSURANCE.*

Case Work Services

The history of rural social programs indicates that reliance for most comprehensive services in the fields of education, recreation, health, and welfare must be placed on public agencies and funds.

Progress in the direction of providing skilled individualized service to rural people through state and county welfare departments has been phenomenal in the past ten years. Federal funds under the Social Security Act are being used for the employment of child welfare workers in about 400 rural counties. To an increasing extent the rural county welfare department is gaining recognition as the framework within which well-rounded public assistance and family and child welfare services should develop. Traveling mental hygiene and other clinics are demonstrating that consultation and specialized service to the rural community may be provided effectively as an extension of a state agency. *See PUBLIC WELFARE.*

The school social work movement in rural communities has been given impetus during the war by the attention focused on delinquency and truancy. Several states have passed legislation providing for the employment of social workers or "visiting teachers" in the schools throughout the state, and others are moving in that direction.

While local voluntary agencies cannot receive adequate support for professional services in most rural communities without out-

side funds, national agencies are becoming more interested in extending their services, if not to the small rural community, at least to the nonmetropolitan area. Of these, the American Red Cross is probably the best known to rural people. It has always had a large paid rural membership, and its wartime program activated many rural chapters which were almost dormant prior to the war.

The National Travelers Aid Association, as a member agency of the United Service Organizations, Inc., organized service during the war years in 22 communities with population of less than 2,500 (according to the 1940 census). These units had professional case work staff ranging from one to four workers and provided a demonstration of what case work service can mean. At present, three of these units remain active. Twenty-two other units are active in communities of from 2,500 to 25,000 population.

The supply of professional social workers available for rural communities is extremely limited. Rural agencies have been slow to increase salaries and have suffered heavy loss of personnel. The interest of more state universities in developing schools of social work holds out hope that in the future the supply of rural workers may be increased. *See EDUCATION FOR SOCIAL WORK.*

This article has suggested briefly the programs of only part of the large number of local, state, and national agencies interested in improving rural life. Better coordination of agencies and services is urgent for every remote village and country neighborhood. There has been an interest on the part of agencies in many rural communities in learning how to work together, and successful county or community councils have been formed including all agencies concerned with rural welfare in its broadest sense. Rural people can and will plan if the leadership is community-minded rather than agency-minded.

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SERVICEMEN.¹ During 1946 the armed forces of the United States passed through a transition period in which there was not only demobilization of the wartime forces but also simultaneous recruitment and training of men for peacetime operations. Appropriations currently provide for a total average strength of nearly 2,000,000 men.² Although this is a reduction to approximately 16 per cent of the wartime peak, it represents the largest peacetime military organization ever maintained by this country.

Branches and Types of Service

The majority of men in active service are in the Army, and more than half of these are stationed overseas. The responsibilities of the Army include the occupation of certain European and Far Eastern areas, the training of new men to replace long-service men overseas, the maintenance of lines of communication and supporting installations in the United States for the occupation forces, the provision of forces which will be available to the United Nations, the maintenance of key points in our national security structure, the maintenance of an adequate program of intelligence and of research and development, and the preservation of the peace of this country in a world which is still unsettled.³ In the Navy in mid-1946, more than 50 per cent of personnel was afloat, some 90,000 ashore outside the United States, and the balance ashore within the United States.

The Coast Guard in peacetime is a unit of the Treasury Department, specifically oc-

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

² In general throughout this article the terms "enlisted men" and "servicemen" include servicewomen. In certain benefits there are differentiations in the matter of dependents, too detailed to describe here.

³ U.S. House of Representatives. *Hearings Before the Subcommittee of the Committee on Appropriations, 79th Congress, 2d Session, on the Military Establishment Appropriation Bill for 1947*. 1193 pp. 1946.

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cupied with such matters as law enforcement, protection of life along the coast lines, and ice patrol. It is a military service and constitutes a branch of the land and naval forces. During war or national emergency the Coast Guard may on order of the President be transferred to the Navy, as it was from November, 1941, to January, 1946. Plans for the fiscal year 1946-1947 were based on complete resumption of peacetime functions. Of enlisted personnel in mid-1946, about half were afloat; the rest were stationed ashore and in aviation.

The Army of the United States (the wartime Army) was made up of volunteers, selectees, reserve components, and the Regular Army, which is officially designated the United States Army. As the wartime Army has become demobilized, the reserve components for the most part have reverted to inactive status. The National Guard, in federal service during the war, has been returned to the jurisdiction of the states.

If Army requirements cannot be met through voluntary enlistments, the deficit must be made up through Selective Service induction calls. Many men who were discharged with some years of experience have returned to military service. The Navy, the Marine Corps, and the Coast Guard have obtained their personnel without recourse to Selective Service inductions, since May, 1946, and the Army since October.

Since V-J Day, voluntary enlistment has been encouraged in various ways. In October, 1945, a law¹ was enacted which provided for shorter enlistments in the Army, liberalized retirement provisions for Army enlisted men, which had been less advantageous than those of the Navy, and extended other benefits to those enlisting or re-enlisting within specified dates. Among these benefits are furlough travel allowance; lump-sum payment of mustering-out payments to those released to re-enter service; increased enlistment allowance for the lower grades; continuance of family allowance (otherwise ceasing six months after formal termination of the war); assurance of participation in Servicemen's Readjustment

Act¹ benefits; and making permanent the provisions for increased pay during service outside the United States. Increases in base pay were granted, ranging from 50 per cent for privates to approximately 20 per cent for master sergeants.

The Army Nurse Corps and the Navy Nurse Corps are permanent parts of the medical departments of the Army and Navy. Approximately 8,500 Army nurses and 2,460 Navy nurses will be on active duty during the present fiscal year. The Army and Navy have requested legislative authority for permanent retention of the Women's Army Corps (WAC) and Women's Reserve (WAVES). Under present law, authority for these units will expire six months after termination of the war if not earlier terminated by the President or Congress. On October 1, 1946, all members of the WAC who did not volunteer to remain on duty were released. As this is written the number that will be on active duty during 1947 cannot be stated. Approximately 5,500 WAVES will be in service, and about 895 dietitians and physical therapy aides serving under temporary appointments as officers of the Army of the United States. Demobilization of the Marine Corps Women's Reserve was completed by September, 1946. All SPARS (Women's Reserve of the Coast Guard) have been placed on inactive status.

Selective Service and Induction

The Selective Training and Service Act, which expired on May 15, 1946, was extended, first to July 1, 1946, and later to March 31, 1947. Liability for service is now limited to men between nineteen and forty-five. Men who entered service on or after October 1, 1946, are obligated for a maximum of eighteen months' service unless sooner released. Those inducted before that date are released, on request, when they complete eighteen months' service. Men who have children are no longer inducted without their consent, nor men who have served outside the United States or for six months within the country. Since August 1, 1946, fathers previously inducted are re-

¹ Public Law 190, 79th Congress.

¹ Public Law 346, 78th Congress; the so-called G.I. Bill of Rights.

lied on their request. The restrictions as to induction of men with previous service and the limitation on service period may be nullified if the national interest is imperiled.

Armed forces induction stations are manned by Army and Navy administrative and professional personnel. On requisition from the Army and Navy, Selective Service boards send selectees to induction stations for pre-induction physical examination and return to their homes or, in some cases, immediate induction if found acceptable. Men not immediately inducted are returned to the local boards which ordered them to report. Those found acceptable are notified of their "1-A" classification and their right of appeal. Those who do not appeal within ten days will be included in the next quota for induction. Usually a period of not less than three weeks elapses before a selectee is called to report for induction. If it is more than ninety days, a complete re-examination is necessary. Assignment to Army or Navy is made at time of induction.

Men inducted into the Army are sent to reception centers for processing, which consists of issuance of clothing and equipment, classification, preparation of records, applications for insurance and family allowance, preliminary training, and transfer to a replacement training center or directly to a permanent unit for basic training. At replacement training centers the basic training period is now eight weeks, a reduction from that of wartime. The majority of trained replacements in late 1946 were destined for overseas service immediately upon completion of basic training.

Men entering the Navy go to naval training stations for processing and six weeks of basic training, classification, and selection for service schools. Similar processes apply in the Marine Corps and Coast Guard.

Economic Provisions

Enlisted men are entitled to food and lodging (or allowance in lieu of these), initial issue of clothing and allowance for its upkeep, medical care, monthly pay, and family allowance for dependents conditional upon a deduc-

tion from their pay. Monthly base pay is as follows:

<i>Rank or Rating</i>	<i>Monthly Base Pay</i>
Private or apprentice seaman	\$ 75
Private 1st class or seaman 2d class	80
Corporal or seaman 1st class	90
Sergeant or petty officer 3d class	100
Staff sergeant or petty officer 2d class	115
Technical sergeant or petty officer 1st class	135
Master sergeant or chief petty officer	165

Base pay is increased (a) 5 per cent for each three years of service up to thirty years, (b) 20 per cent for service outside the United States or sea duty, (c) in varying amounts for special types of service, such as parachute duty, (d) for certain proficiencies in arms, and (e) for certain decorations.

Family allowance is paid directly by the service departments to dependents. Application may be made by either the man or the dependent and, in the case of wives and children (Class A dependents), payment is mandatory. For other dependents (parents, grandparents, brothers, and sisters) payment is optional with the man. These are classified according to whether they are dependent upon the enlisted man for their "chief support" (Class B-1) or for a "substantial portion of their support" (Class B). A wife receives \$50 a month, with an additional \$30 for the first child and \$20 each for other children. Where there are children but no wife, \$42 a month is paid for the first child and \$20 each for others. A divorced wife is entitled to the amount of her alimony up to \$42 a month.

In Class B-1, \$50 a month is payable for one parent or \$68 for two, and \$11 each for additional members. Where there are brothers and sisters but no parent, payment is \$42 for one or \$53 for two. Class B dependents receive a total of \$37 a month regardless of their number, and are entitled to it only if no allowance is payable to Class B-1.

A part of the family allowance is contributed by the serviceman through a monthly deduction from his pay. This amounts to \$22 if only one class of dependents is the recipient or \$27 if both Class A and Class B-1 or B are recipients. Initial family allowance for the month in which a man enters service is paid

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to Class A (excepting a divorced wife) and Class B-1 dependents without deduction from service pay.

Government insurance (National Service Life Insurance) is available at low premium rates, in amounts up to \$10,000. Originally this insurance protected only against death, but recent amendments permit payments during total disability. This requires an additional premium. Optional modes of payment to the beneficiary are allowed, including lump-sum, monthly instalments numbering 36 to 240, or arrangements insuring payments for the lifetime of the first beneficiary. In event of nondesignation or death of designated beneficiary, remaining unpaid instalments will be paid to surviving relatives of the insured in a specified order.

The Mustering-Out Payment Act of February 5, 1944, provides payments to persons discharged under honorable conditions from World War II. Its purpose is to tide over the period of adjustment from military to civilian life. The sum of \$100 is paid upon discharge, regardless of length of service. Those serving sixty days or more, but not outside the United States, receive a second \$100 one month later, while those who served sixty days or more, part of the time outside the United States, receive second and third payments of \$100 each, one month and two months after discharge.

Under an act approved August 9, 1946,¹ enlisted men discharged before September 1, 1946, receive "terminal leave pay" in lieu of leave not taken prior to discharge. Maximum credit allowed is one hundred and twenty days. Payment is computed on base and longevity pay being received at discharge, plus subsistence or quarters allowance, dependent upon the individual's pay grade. With minor exceptions payment is in United States bonds which mature in five years and are nonnegotiable except for payment of insurance premiums to the Veterans Administration.

Enlisted men may establish savings accounts with finance officers and receive 4 per

cent interest on amounts of \$5.00 or more left on deposit six months or longer. Service pay of enlisted men for the years 1941-1946, inclusive, is exempt from federal income tax. Upon release from service an enlisted man receives a travel allowance or transportation in kind, depending on the nature of discharge, to place of entering service or the location of his Selective Service board. "Furlough fares" and "dischargee fares" representing reduced rates are allowed by railroad and bus lines for travel on leave or upon discharge.

When death occurs in service a gratuity equal to six months' pay is paid to a beneficiary within a restricted class. "Preferred beneficiaries" (widow or widower, or child) have priority over all others, including any other dependent relative designated by the serviceman. Pay and allowances due and unpaid at death, or due a mentally incompetent person at time of discharge, are paid to the designated beneficiary or next of kin.

Health and Hospital Services

Members of the man's family may obtain treatment at service hospitals and dispensaries. For hospital care a per diem charge is made for subsistence and medicines.

The emergency maternity and infant care program is administered by the United States Children's Bureau through state health departments. It is for wives and infants of enlisted men in the four lowest pay grades and of aviation cadets. The services, without cost to the man or his family, include care for the wife during pregnancy, childbirth, and six weeks following, and for the infant when sick at any time during his first year. *See* Emergency Maternity and Infant Care Program in *MATERNAL AND CHILD HEALTH*.

Women separated from service because of pregnancy may receive maternity care at Army and Navy facilities. In the Army this extends to those honorably released on account of pregnancy or found to be pregnant at time of examination preceding separation under conditions other than dishonorable. The Navy includes women whose pregnancy was

¹ Public Law 704, 79th Congress.

not diagnosed at time of discharge, and does not specify a particular type of discharge.

Mental Hygiene

The Army's effort to deal with psychological inadequacies is projected at four points.¹ At the induction station the elimination of persons with any mental deficiencies that would render them unfit for service is accomplished in the majority of cases through regular procedures of interview and examination, and personal consultation with the psychiatrist. At the reception center, if there is reason to doubt the man's value to the Army, he may be referred for special trial duty and observation at the replacement training center's Special Training Unit—a specially staffed organization with a modified program of training. Mental hygiene clinics, generally known as consultation services, function at replacement training centers, dealing with problems of maladjustment. In camp, cases of behavior and personality problems are referred to the neuropsychiatric section of the station hospital for observation and recommendation.

The Navy follows like procedures, beginning at the training station. Men considered unfit are referred to an observation ward, or sent for a period of trial duty with a recruit company. Before final decision is made as to a man's suitability for service, he undergoes psychological tests, including several types of intelligence tests, and any special laboratory tests deemed necessary. Cases of misbehavior showing any evidence of psychopathy are referred to the psychiatrist in order that any extenuating factors contributed by a mental condition may be considered. Psychiatrists and psychologists are on duty at training stations, receiving stations, embarkation points, central distribution and receiving points, and special retraining activities. Re-examinations are given to eliminate and aid men who may have developed psychiatric symptomology as result of service. Psychiatric units are attached to the disciplinary activities of receiving ships to remove men who cannot be considered re-

sponsible for their delinquency, and to select those who may benefit from some type of retraining. See MENTAL HYGIENE and PSYCHIATRIC SOCIAL WORK.

Miscellaneous Welfare Provisions

Dependents are being permitted to join military personnel in all overseas theaters as fast as adequate housing, subsistence, and medical care can be provided. Provision is made for schools for children of military and naval personnel assigned to outlying stations and bases outside the United States. In the Navy this plan has hitherto been in operation at only two locations. For expansion to the scale now necessary, estimates were made on the basis of a survey indicating that 75 per cent of officer and 15 per cent of enlisted personnel are married and have an average of one child per family, and that 50 per cent of the children will be of school age.

Dependents of all military personnel who are serving or have served outside the United States since September 8, 1939, are transported to the United States (or its territories or possessions). This includes "war brides" and husbands of personnel who married abroad. Immigration requirements were liberalized for admission of alien spouses and minor children, and of intended husbands and wives, of United States citizen military personnel.

The simplified naturalization procedure for aliens serving in the armed forces (waiving the filing of declaration and proof of five years' residence) remained in effect until January 1, 1947. After December 27, 1945,¹ it was available only to those who were in service on or before that date.

Recreation

The service departments have extensive programs for welfare and recreation of enlisted men. The Special Services Division conducts the Army's athletic and recreational program, and the Information and Education Division those activities indicated by its name. Through the Special Services Division, library facilities supply all types of reading matter, together

¹ Since January, 1942, the intensive physical screening by Selective Service boards has been discontinued and a superficial physical examination substituted.

¹ Public Law 270, 79th Congress.

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with reference works. Musical equipment and instruments are distributed. Facilities and consultants are furnished to assist enlisted men in producing their own plays. The Division supplies the equipment for athletics. Games are made available, as well as workshop units for those interested in manual arts. Upon cessation of hostilities the military authorities ordered expansion of Special Services activities, to prevent a situation such as existed after World War I when men suddenly released from war operations did not have facilities for recreation in unaccustomed leisure time.

The Information and Education Division keeps the soldier well informed by means of major theater papers such as *Stars and Stripes*, camp and unit newspapers, and newscasts and troop information programs by the Armed Forces Radio Service. Educational opportunities are offered by the United States Armed Forces Institute which, with its branches in the several theaters, supplies a wide variety of correspondence courses and extension work from cooperating colleges and universities, self-study courses, and an accreditation service enabling students to obtain high school or college credits for military and nonmilitary education. Courses are on a share-cost basis, the government paying half, up to \$20. A research service by the Information and Education Division obtains factual data on soldier opinion, to be used as a guide in formulating policies.

The Navy has a comparable program. All vessels and Navy and Marine Corps installations have recreation and welfare funds with which they provide sports and other equipment, newspapers and periodicals, and motion pictures through the Navy Motion Picture Exchange. Library service is available in all units of the fleet and at shore stations, including the technical and professional material required for the type of unit, and recreational reading as well. The Educational Services Section provides information and opportunities for education, and supervises the Navy's participation in the United States Armed Forces Institute. Educational Services officers are located at all major stations

and bases as well as in many units afloat, to give counseling, testing, and information on prevocational training. This service prepares training courses, including correspondence courses, required for advancement.

The United Service Organizations, Inc. (USO), representing the joint efforts of the National Board of the Young Womens Christian Associations, National Catholic Community Service, National Council of the Young Men's Christian Associations, National Jewish Welfare Board, National Travelers Aid Association, and The Salvation Army, was organized to provide services of a religious, social, and recreational character for members of the armed forces, primarily when outside military reservations on leave, and principally in the United States and at off-shore bases. Its major activity in camps is that of USO-Camp Shows, Inc., which provides theatrical productions and concerts in this country and abroad. USO operations have been greatly curtailed since V-J Day.

During World War II the American Red Cross extended its regular services to overseas operations and, at the request of the Army and Navy, included in its overseas activities recreation and recreational facilities for the able-bodied. Normally the Army and Navy assume all responsibility for recreation of able-bodied personnel on stations, without assistance from civilian agencies. As a result of the gradual reduction and withdrawal of these supplemental wartime services of the Red Cross the Army has requested increased appropriations for personnel and equipment to continue the activities.

The Office of Community War Services in the Federal Security Agency had general responsibility to serve as a center for coordination of health and welfare services for the nation as a whole during the war emergency. Its Recreation Division fostered community development of recreation for military personnel. The Social Protection Division worked with local officials and agencies toward stimulation of community action for the repression of prostitution and attendant ills. See SOCIAL HYGIENE. The Office was in process of liquidation during the latter part of 1946.

Social Services and Counseling

Counsel and assistance in personal affairs both of a general nature and in specialized fields are available to all service personnel as they move through one phase or another of military service. Trained workers are at hand at posts and stations, in hospitals, aboard ship, and at separation centers. The functions of those mentioned under other sections are not included here. The Personal Affairs Division of the Army maintains liaison with all Army, governmental, and voluntary agencies affecting the personal affairs of servicemen. All personnel have access to Personal Affairs units, from which they receive information and assistance or referral to the proper agency. Chaplains, in addition to conducting religious services, are prepared to give counsel, advice, or information on personal, secular, or religious problems. A plan sponsored by the War and Navy Departments and the American Bar Association makes legal advice available to servicemen. Legal assistance officers are appointed from among lawyers in service, and local representatives of the American Bar Association Committee on War Work and member societies of the National Association of Legal Aid Organizations offer their services to members of the armed forces and their dependents.

The American Red Cross has a specific obligation for services to members of the armed forces, which is stated in its charter and in Army and Navy regulations. These services are provided at military and naval stations and hospitals, overseas and in the United States, by assigned workers, and in the domestic community by the chapters' home service program, with close cooperation between these media. The program offers consultation and guidance in personal and family problems; assistance with communications; financial assistance; reporting service, thus providing commanding officers and medical officers with reports on home conditions, with social histories to aid in the consideration of furlough requests and medical diagnoses and treatment; information about federal and state benefits, and assistance in obtaining them; and referral to appropriate agencies for legal

aid, medical care, or other services. Medical and psychiatric social workers in hospitals perform, in addition to these duties, certain other services peculiar to the needs of patients, including medically approved individual and group recreation for bed patients and convalescents. In domestic hospitals the friendly services of trained volunteers are used in providing group entertainment and individual services such as shopping and writing letters.

Community Services

Services in the community for servicemen and their dependents are carried out on the basis of understandings and working relationships on the national, state, and community levels. Cooperative exchanges for the mutual use of specialized services are sought. Relationships of this type exist between the American Red Cross, as specifically responsible in this field, and such agencies as the Army Emergency Relief, Navy Relief Society, Coast Guard Welfare, United Service Organizations, Inc., National Travelers Aid Association, United States Children's Bureau, National Jewish Welfare Board, Family Service Association of America, American Public Welfare Association, Federal Security Agency, American Bar Association, National Association of Legal Aid Organizations, and with Red Cross societies in other countries. The chapter is the agency for carrying out the Red Cross program in the community. Through the Red Cross Camp and Hospital Council Service many community organizations participate in providing equipment, supplies, and services to meet emergency and supplemental needs of able-bodied personnel and of patients in near-by military and naval stations and hospitals.

Relief Services

Army Emergency Relief, officially connected with the War Department, renders emergency financial assistance to Army personnel and their dependents. At posts and stations applications are handled by Army Emergency Relief officers. In communities, dependents may apply to the nearest American Red Cross chapter. Through agreement with Army

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Emergency Relief, the Army Air Forces Aid Society operates at air force installations. The Navy Relief Society, through auxiliaries at navy yards and stations, provides assistance, usually as loans, to Navy and Marine Corps personnel and their families. Coast Guard Welfare, among its other services, gives emergency financial assistance to Coast Guard personnel and their dependents. There are Coast Guard Welfare officers on duty at stations and on vessels, and at units in many seaports.

The American Red Cross gives financial assistance on the basis of need. Basic maintenance will be provided by chapters during the temporary period pending first receipt of family allowance or allotment, and during periods when such payments as may be due are delayed or interrupted.

Reconditioning and Rehabilitation

The Army and Navy programs of reconditioning and rehabilitation are integral parts of convalescent treatment, designed to accelerate recovery and to give the best possible preparation for return to duty or to civilian life, by the use of nonmedical measures to supplement therapeutic processes. These measures are in the realms of education, educational and vocational counseling, physical training, occupational therapy, assistance in learning to cope with such disabilities as blindness, and the providing of artificial appliances which will conceal or minimize disfigurements. The activities are conducted by trained personnel under medical supervision, and are adapted to the needs of the individual patient.

Discharge from Service

At the separation center the man undergoes final processing, including complete medical examination, and receives discharge.¹ Educational, vocational, and personal counseling is given, as well as assistance in filing pension application. The man's military education, training, and service, as well as his civilian education and experience, are made a matter of

record on a form which is given him for use in getting employment or going back to school. If he wishes it, he is referred to the agencies authorized to operate at the center. The representatives of these agencies, such as the Veterans Administration, United States Civil Service Commission, and American Red Cross, are prepared to give advice and information to persons being discharged. See VETERANS' BENEFITS AND SERVICES.

Under the Servicemen's Readjustment Act the War and Navy Departments are required to establish boards for review of the type and nature of discharges and dismissals from service other than those by reason of sentence of a general court martial. The applicant for review may appear before the board in person or through counsel. Accredited representatives of organizations recognized by the Veterans Administration, among them the American Legion and the American Red Cross, may act as counsel.

Use of Social Workers in the Army

In the Army's "Civilian Occupation Classification of Enlisted Personnel," designed to utilize special skills for military needs, the classification "Social Worker" includes persons whose civilian occupation was in the field of general or medical social work. Personnel in this classification function in military assignments as psychiatric social workers, classification specialists, personnel consultant assistants, and personnel technicians. The Navy has no comparable classification.

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¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

¹ This refers to other than medical discharges at hospitals, and those occurring at points such as training centers.

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SETTLEMENTS AND NEIGHBORHOOD HOUSES. The settlement movement in the United States consists of the combined activities of 205 settlement and neighborhood houses, 10 city federations of these agencies, and the National Federation of Settlements. Sixty-one additional neighborhood houses maintain affiliation with the National Federation through individual membership, and across the country are many other centers which have felt the impetus of the movement.

The term "settlement" is of English origin, having been applied to London's Toynbee Hall in the 1880's when its leaders "settled" in the working class district of Whitechapel. The term "neighborhood house" is more char-

acteristically American,¹ free from any implication of class distinction. It connotes an activity center which does not emphasize the sociological philosophy of the earlier settlements. However, in some instances, the two terms are used quite interchangeably. Forty-seven houses employ the word "settlement" in their corporate titles, 32 the words "neighborhood house," while others use such titles as "community house," "community center," "association," "commons," "hall," or "inn." Despite these variations, the generic name "settlement" everywhere persists as a symbol of a distinctive ideology. In all settlements today, regardless of their activity or social emphasis, the factor of the neighborhood as the base of operations is universally accepted.

Leadership

From the beginning the movement has been fortunate in the quality of its leadership. Pioneers on both sides of the Atlantic left an indelible stamp on their generation, marking their era as a period of discontent with social ills—a discontent which became fused with a passion for social action. John L. Elliott, late headworker of Hudson Guild in New York, often stressed the constructive outlook of these pioneers. He himself exemplified what he attributed to Canon Barnett and his English associates; to Stanton Coit, who imported the movement to America; and to Jane Addams who challenged the settlements to bring the inspiration and resources of the higher life to a larger number of people.

Robert A. Woods, after visiting Toynbee Hall, developed the London experiment in Boston, then with organizing genius expanded its scope to a local and ultimately a national federation. Among other leaders who joined forces in the early years were Graham Taylor and Mary M. McDowell in Chicago; Lillian D. Wald, Mary K. Simkhovitch, Gaylord S. White, and Jane Robbins in New York;

¹ The first settlements to be established in the United States were University Settlement in New York, formerly Neighborhood Guild (1886); Hull-House in Chicago (1889); South End House in Boston (1892); and several other houses which were inaugurated within or before this pioneer period but were not so clearly in line with the tradition of Toynbee Hall.

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George Bellamy in Cleveland; and Mr. and Mrs. R. R. P. Bradford in Philadelphia. All of these leaders became dynamic proponents of the neighborhood idea. The generation succeeding them has demonstrated comparable ability.

With the increasing specialization of social work, settlement workers today continue to live in the neighborhood in which they work or to identify themselves with it. University students still manifest the traditional interest in the neighborhood. Undergraduates give service in summer, and graduates undertake more permanent residence not unlike the early "settlers." These neighborly relationships are shared by an affiliated leadership on all staffs. Included in this latter nonresident group are teachers of the arts, club leaders, research workers, counselors, and board members. With the rise in personnel standards throughout all social work, the settlements increasingly emphasize skills of group leadership and community organization, although cherishing the freedom for creative undertakings that was characteristic of past years.

Since the recent war, emphasis upon professional qualification in leadership has been uppermost in personnel planning. Together with other social agencies, settlement staffs and boards alike have shown an interest in social group work training. They have urged academic courses, have loaned workers as instructors, have allotted time of young staff recruits for training, and have set up refresher conferences and institutes. Through the encouragement of city and national federations, schools of social work have introduced group work courses. Students from the schools are increasingly assigned to neighborhoods for field work, often leading to eventual employment by the settlements.

It is logical that the houses should pursue this interest, since group work had its beginning in their local clubs. Actually the term "group work" was coined by two settlement leaders, and many of the writers and lecturers in this field began their specialized careers in neighborhood group leadership. Clubs from the beginning were native to neighborhood houses. There is nothing more indigenous to

local association than these little gregarious groups of youths or their elders which spring up like mushrooms, yet when properly nourished evolve into much more hardy organisms. Group work as a discipline aims to build such groups into effective democratic units. *See SOCIAL GROUP WORK.*

In settlement conferences the "intangibles" of the movement are reaffirmed periodically. Dr. Alice Hamilton, an associate of Jane Addams at Hull-House in its early days, recently recalled that when Miss Addams began her work on Halstead Street there were in Chicago no playgrounds, public baths, clinics, health units, kindergartens—in fact, none of the services to which literally hundreds of agencies today give skilled direction. The first step at Hull-House was the stirring of local and city interest. This involved breaking of prejudices and habits; it required ingenious devices of persuasion. Miss Addams drew upon the moral resources of her inner self and her noteworthy associates. These resources were the "intangibles" to which reference is made. Settlement achievement today depends upon such resources as well as upon professional techniques.

Activities

From the point of view of the neighbor, the settlement is a social center with facilities for his family's enjoyment. He may be unaware of the study and research underlying the program which keeps an enthusiastic group of residents and volunteer leaders active year after year, but he is keenly conscious of the quality of service rendered. His participation is the measure of his interest.

Settlement leaders value highly the activities program which provides this neighborly association. In conferences, they sharpen their skills; in practical experience, they adapt their methods to their groups. Though frequently restricted in facilities, they devise ingenious use of limited space and equipment, supplementing these by the loan of public play spaces, school buildings, and other neighborhood resources. A small house frequently excels larger ones in its activities, achieving this result by its inventive employment of facili-

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ties which, until adapted by enthusiastic groups, may at first have seemed hopelessly inadequate. The influence and leadership of such a house may extend far beyond its walls into the larger community.

Today, as in early years, settlements demonstrate community programs in the faith that municipal authorities will adopt or expand the pattern set. Despite generous response by cities in providing buildings and playgrounds, workers still have to press for continuous and skilled leadership on the part of changing municipal regimes.

Settlements have always conducted varied educational activities adapted to all ages. During the war, under community chest and war fund auspices, their scope was widened further, notably in the establishment of child care centers, canteens, and outdoor recreation. Many settlement ventures in child care, originating in the use of federal funds, still persist. *See DAY CARE OF CHILDREN.* To these educational activities members add their own programs. Maturer groups in a demand for better conditions evolve schemes to rid the district of unwholesome influences, to secure decent housing, or to demand better municipal services.

Neighborhood houses invariably attract large numbers of children, occasioning an assumption that the houses exist primarily for children's activities. Actually the settlement's primary concern is the home in its neighborhood setting, an interest which logically focuses attention upon childhood—its environment, well-rounded training, and ultimate citizenship. Settlement federations are insistent, however, that their member houses shall not be regarded as children's centers. "A place to keep children off the street" is not an adequate characterization of a neighborhood house, commonly as it is voiced even by well-disposed friends. Educational in its every effort and concerned with the family as its unit of work, the settlement regards its youth efforts as a part of a broad program of community leadership.

In their wartime concern for "teen-agers," neighborhood workers reported extraordinary planning for an age group not far out of child-

hood, yet amazingly adult. Canteens became popular, with USO centers as patterns; young people also found fascination in aping night club paraphernalia. A reconversion of wartime recreation to organized groups is now apparent, many leaders again incorporating the arts and civic undertakings. Such an experience promises for tomorrow a better home and neighborhood relationship on the part of youth, with some forecast of a reduction of the truancy and delinquency which accompanied the war. To those who place the causes of delinquency at the steps of the war-torn home, the settlement's devotion to normal family and neighborhood life is reassuring.

Visitors to settlements are invariably intrigued by the round of exuberant activities. Winter and summer, indoor and outdoor, day and evening, groups are open to tiny tots, growing children, adolescents, and parents. Arts and crafts, music and dancing, games and tournaments, debates and lectures, committee and neighborhood council meetings—there is something of interest for everybody. Attached to one settlement the visitor may find a library, to another a little theater, to another an art center, to another a music school. Even more commonly there is a gymnasium, occasionally a pool. Some houses maintain a day nursery and child care center, a nature club, or generous space for the neighborhood's Scout troops. About the building or on the roof are play spaces. On a summer day a bus at the door means that a day camp expedition or a trip to a vacation camp is in the offing. Settlement camps in this country began and continue a dramatic epic of exploration into a world unknown to the city child. *See CAMPING.*

Despite limitations of space and funds, workers in American settlements thus frankly open doors of culture and achievement to their neighbors. The programs sum up into classes and clubs, with every variation of interest group and cooperative council.

Leaders have long recognized the possibilities of democratic club units, so it is not uncommon to see classes transforming into clubs and clubs searching for the factual resources of classes. With the home so close to a settle-

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ment's basic interest, the "mothers' club" is invariably a force in the locality. Inter-settlement mothers' clubs have a proud record of cooperative action ranging all the way from improvement of local garbage disposal to pilgrimages ending at city hall or state capitol.

The richness of social experience in a house is often predetermined by the many racial strains in the membership. Colorful pageantry, folk songs and dances, and native art brought to the doorstep make it easier for children of the foreign born to value the native culture of parents who do not learn to speak English as readily as does the school boy. In early years, English classes were an essential part of a settlement's curriculum; and they still are, where Mexicans, Latin-Americans, or the new "refugees" have settled. Formal instruction in citizenship is less frequent, but informal training pervades all groups, from the gang club of boys to parents who want to "take out their papers."

Neighborhood house activities are a force in American democracy. Where different cultures meet in work or play as neighbors, the strands of racial tension do not snap easily, and efforts to create better racial and cultural understanding are less tinged with artificiality. *See* **INTERRACIAL AND INTERCULTURAL ACTIVITIES.**

In some communities the settlements conduct special social programs for older people. The neighborhood house which happens to be in a rooming house district for persons receiving old age assistance may bring friendliness to the aged, dispelling some of the hopelessness of an otherwise desolate existence. This service takes the form of friendly visits, "teacup clubs," smoker lounges, excursions, or possibly even summer outings to the settlement camp where youth meets age and age may smile at youth. Settlements cooperate with public old age assistance departments to promote such services. *See* **THE AGED.**

The neighborly relationships of settlement staff with families in the neighborhood give occasion for many personal services. Friendly counsel is frequently sought and readily given in club meetings, home visits, and less formal interviews. This in some cases is supplemented

by legal and medical advice; and when the more professional assistance of a case worker is required, aid in establishing a contact is often provided. In emergencies, the proximity of the settlement makes a ready response possible. These relationships ripen into a permanent influence, especially as regards youth and its plans for school, college, and vocation.

Parallel with these social activities of a settlement are its closely allied advances into the field of social action. *See* **SOCIAL ACTION.** Such steps combine the energy of staff and the support of citizen groups. Many headworkers, fortified by staffs, boards, and neighbors, have been leaders in pioneer moves for social legislation. Control of child labor, the question of wage standards, protection of women and children, unemployment compensation, social security, and price control have been on their agenda. Within recent years the abolition of the poll tax, democratic employment practices, low-rent housing, full employment, improved medical services, fair employment practices, and many other proposals of postwar legislation have been added. Neighbors increasingly take part in efforts which concern them as citizens, workers, or consumers.

The National Federation of Settlements joins forces frequently with kindred national bodies to consolidate its program of social education and action. Among them, as elsewhere, settlements are known for their tenacious application to programs of housing, health, recreation, and education which they invariably visualize in terms of their neighbors' needs. Recent concerns include an understanding of the United Nations, the need for international organization, and contributions to overseas relief. Settlements have been vigorous in assisting the returned veteran to take a place of leadership in his neighborhood.

National Federation of Settlements

The first city federations of settlements were established in Chicago in 1894, Boston in 1899, and New York in 1900. These groups of staffs, boards, volunteers, and neighbors provided opportunity to discuss common problems, but more notably developed a vehicle of getting

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things done through united opinion and action.

The National Federation of Settlements was formed in 1911 to carry the impulse of the houses and city federations to the states and nation. It increasingly reinforces individual settlements today, and extends their effectiveness. It is a cooperative effort of its membership whose personnel serve on committees, make field visits or neighborhood studies, and head programs of public action.

A national expansion program, undertaken in 1943, with a five-year plan now culminating, has enlarged house and individual membership and has made it possible to supplement an executive secretary with a field organizer, a group work adviser, and a social action consultant. The work now developing under this expansion of leadership covers six areas:

Development of professional standards through recruitment, placement, and the dissemination of practical methods of administration.

Consultation in neighborhood studies and on building plans and extension of work.

Development of regional and national conferences, and preparation of exhibits and publications.

Stimulation of local studies on social issues, based on neighborhood research or sampling of experience, and undertaken with the advice of experts from other fields.

Cooperation with other national organizations, and interchange with settlements in other countries.

Development of skills in program activities, relating these to youth and adults in arts, music, consumer protection, housing, and social security.

Trends in Local Administration

Historically, settlement house boards have been assembled from the larger community. There have often been representatives from university or college faculty, the Junior League, some church society, a popular luncheon club, or a professional association. Latterly there has been greater representation from local groups—a labor union, a board of trade, or clubs which have grown up in the house.

Community chest support has made possible an increase in administrative personnel. But settlements have repeatedly faced the difficulty of identifying new sponsors with the broader reach of the movement. Boards more readily catch the significance of the local house than that of the movement in its city-wide or national aspects. To this situation the National Federation since the war has devoted itself with vigor. It is increasing the interest of boards by issuance of professional publications, participation in conferences, and prompt action on social legislation.

The National Federation, in a forecast of the future, emphasizes that new centers are badly needed. The established settlements, it urges, should provide outposts, extend their services, and demonstrate the validity of their methods.

The period of readjustment after the war has brought distressing problems in many city communities. Included in these is the adjustment of newcomers to settled neighborhoods. Locally, an influx of a different population is often regarded as an "invasion." Bitter clashes have occurred. The neighborhood house has a strategic task of pioneer work in interracial and intercultural relations.

The unserved area is also a concern of the federations in several cities. Fortunately the research facilities of chests and councils are available, and the proper serving of new areas becomes a scientific process of cooperative social planning in which the settlement takes its part.

Outstanding among its vital present-day services in neighborhoods is the settlement's leadership not only in promoting harmony among divergent neighborhood groups but also in enlisting their responsible action in a common cause. This predicates mutual respect and a breakdown of group antipathies. Settlements commit themselves to the proposition that all barriers of race, creed, or party must be surmounted. To this end every phase of activity and social action becomes not an isolated program but an exercise in democracy. As such, the settlement method has validity for any and all neighborhoods in America.

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International Aspects

As an outgrowth of visits abroad after the first World War, an International Association of Settlements was formed in 1926 following the first international conference in London in 1922. Active fellowship has since been maintained with the British Association of Residential Settlements and the Educational Settlement Association. Contacts are fostered with French, Scandinavian, and Dutch federations and with individual settlements in other European countries.

Aid has been granted to South American students wishing to study American houses. Visitors from several countries to the south of us now give testimony that settlement methods have significance to community work in Latin America, bespeaking fruitful relationship for world understanding on this continent as well as in Europe.

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SIGHT CONSERVATION. Though the prevalence of blindness in the United States is not completely disclosed by census data or otherwise, the figures made available through registration in states under aid-to-the-blind programs, school records, and other media of reporting throughout the country lead to an estimate of from 200,000 to 250,000, of which number, according to ophthalmological thinking, at least 75 per cent are due to preventable causes. See **THE BLIND**. Classification according to diagnoses is at hand through studies of a joint Committee on Statistics of the Blind of the American Foundation for the Blind and the National Society for the Prevention of Blindness, but these studies have been necessarily limited to specific groups and areas, so that a full and accurate accounting is not possible. Latest figures point to the predominance of blindness from infectious diseases, trauma, general disease affecting the eyes, and conditions of prenatal origin. A considerable number of the cases reported are not subject to etiological classification because of their undetermined nature—a lack that may be in large measure overcome with further advance in scientific knowledge.

Defective vision is quite prevalent in the population at all ages and all economic levels, ranging from serious visual difficulties constituting a decided handicap to slight deviations from normal vision. Much of this impaired vision could have been prevented by proper and adequate measures.

The organized campaign for prevention of blindness and for conservation of sight began with consideration of a report in 1907 by a special commission appointed by the governor of New York to investigate the condition of the blind in the state. Coming to the attention of

¹ For addresses of periodicals listed, see Appendix A.

certain public-spirited men and women, facts brought out in this report led to the formation in 1908, under sponsorship of the Russell Sage Foundation, of a New York State Committee for the Prevention of Blindness. This was the forerunner of a national committee the name of which later was changed to National Society for the Prevention of Blindness. The New York State Committee, functioning for a while as a standing committee of the national body, was later discontinued with recognition that preventive activities had been incorporated as a definite responsibility of the New York State Commission for the Blind, which had been established in 1913.

Simultaneously, the formation of other state programs in the field of sight conservation proceeded haltingly and under varying auspices. Voluntary societies soon came into being in Illinois, Kentucky, and Maryland. At the same time there was a steadily increasing trend for such services to be centered under governmental departments. The latest count (as of June, 1946) shows one regional and six voluntary state¹ societies for the prevention of blindness and 19 official state programs, the latter group functioning through the administrative setup of the state department of welfare or social security, health, or education, or as an independent state unit. Each of these societies and state programs is operating independently of the National Society for the Prevention of Blindness, which has no branches but serves as a liaison agency with a promotional and educational program dealing with every known aspect of sight conservation.

In addition to the above-mentioned agencies, 20 state medical societies have appointed conservation of vision committees, and privately supported programs for prevention of blindness are functioning in 21 local communities.

Sight-Saving Activities

Of primary concern in the movement to prevent blindness is the infiltration of adequate eye health and safety practices into appropriate existing agencies. Immediate objectives in 1908 were the securing of measures to

prevent ophthalmia neonatorum, or "babies' sore eyes," a disease then responsible for the blindness of approximately 28 per cent of the children in schools for the blind. In the latter part of the nineteenth century it had been established that by the use of silver nitrate drops in the eyes of infants at birth ophthalmia neonatorum could be prevented; yet it took several decades before this simple preventive measure was put into practice on any widespread scale. While still a matter of concern, prevention of blindness from ophthalmia neonatorum receives less promotional emphasis today, since the public—lay and professional—has become aware of the menace and of preventive possibilities. All but two states¹ now have some type of law or health department regulation requiring the use of a prophylactic in the eyes of the newborn.

Concurrent with progress in this aspect of the prevention program, activities were extended in other directions. "Sight-saving classes," first established in Boston and Cleveland in 1913, have now become an important part of the field of special education, thanks to the promotion, stimulation, and constant pressure of the prevention of blindness movement. Under administration of the educational authorities, these classes for children with seriously defective vision were operating in June, 1946, in the public schools of 214 communities in 32 states, the District of Columbia, and the Territory of Hawaii, with a total enrollment of approximately 8,500 boys and girls. Through them the needs of the partially seeing are being met with specially designed equipment and methods of instruction. Teachers for these students are prepared in university courses offering graduate credit, which are sponsored and conducted by leaders in the prevention field. Since it is estimated that two out of every thousand of the school population may be classified as partially seeing and hence in need of special educational facilities, it is evident that the present number of these classes is far from sufficient. Nor can it be said that properly qualified teachers are used everywhere. However, the foundations are

¹ Including the District of Columbia.

¹ Montana and Utah.

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soundly laid, with indication that departments of education will eventually accept their responsibility for the special education of all partially seeing children.

An indirect accomplishment of the special classes is the influence they have had upon the standards of illumination, equipment, and health practices throughout educational systems. For many of the nation's school children, eye protection is afforded through periodic vision tests, provision of adequate light and other hygienic surroundings, and ministrations of the school doctor, nurse, and specially prepared teacher. In a few cities school ophthalmologists have been appointed to serve full or part time in order to insure complete and early attention for eye difficulties among the pupils. But ideal conditions are by no means universal or even common; and to a great extent conservation of vision efforts are directed toward the further development of programs for discovering visual defects among children of school and preschool age. Screening or case-finding methods were introduced some years ago and are still under study with a view to developing thoroughly accurate and practical procedures for testing degrees of vision and standardizing the basis for ophthalmological referral.

Inclusion of eye health teaching in the education of teachers in order that they may understand the principles involved and be able to safeguard their students' sight is a recognized part of the program which needs further accentuation, as does similar provision in the basic education of nurses, especially those being prepared for the public health field. Special courses and institutes for nurses in the field are partially meeting the need for training of those already in practice.

There has been increasing recognition of the sight-saving potentialities of a program in which ophthalmological treatment of eye conditions is supplemented by the service of a medical social worker who can establish the desirable patient-clinic relationship, adjust complicating factors, and help to assure best results from the medical or surgical care. *See MEDICAL SOCIAL WORK.* Such service emphasizes the necessity of regular attendance for

certain conditions which require continued treatment to prevent greater impairment and possible loss of vision. Massachusetts Eye and Ear Infirmary was first used as a training center for a small group of workers to be stationed in other medical social service departments. This phase of prevention of blindness activity was given impetus through demonstrations in a few strategically placed medical centers from which have radiated the principles and concepts which have served to point the way to present practice. A project at Washington University Hospitals and Allied Clinics, St. Louis, led to selection of that University's School of Social Work as a training base; and in ensuing years courses have been given as the need arose and as persons qualified for postgraduate work could be located.

Recent growth in state prevention of blindness activities has created a demand for qualified persons to administer these programs. With recognition of the medical social worker's value in the hospital setup has come the wish for her service in the more generalized area outside the hospital walls. Consequently, plans for continuing and broadening the training content are under consideration. As can be seen, a principal objective of the prevention of blindness movement is to secure qualified leadership both in the general program and in the specific areas covered.

Steps are being taken in a number of ophthalmological clinics to secure regular attendance of patients with glaucoma—an eye disease which, according to present scientific knowledge, is not subject to cure, although control measures are commonly known by the ophthalmological profession. Prevention of blindness workers, both nationally and locally, are taking an increasing part in efforts to secure early detection of the disease and in helping to develop standards of clinic management, recording, and so forth. Volunteer assistance for certain technical details of examination following periods of essential training is being encouraged.

Indirectly, other services within the hospital group make definite contributions. Through treatment of syphilis, tuberculosis, and nutritional and other disorders, visual dis-

turbances may be discovered in their incipient stages. Conversely, general systemic conditions are frequently detected through careful eye examination. The eye worker's relationship to other specialists within the medical team is a far-reaching one.

Outside of the medical institution and closely linked with prevention of blindness are those public health programs aimed at prevention of diseases which are often the incidental cause of visual loss. For example, progress in social hygiene—through public education and through legislation requiring premarital health examinations and Wassermann tests for expectant mothers—contributes indirectly to the saving of eyesight. Treatment in pregnancy of the syphilitic mother reduces to a minimum the danger of transmitting to the unborn child a disease which in former years had been responsible for a large percentage of blindness among the youth of the country. See SOCIAL HYGIENE.

Industrial Eye Safety

Steps were first taken some years ago to reduce the amount of blindness from industrial accidents. Periodic studies have been made and educational material published in attempts to bring about safer practices. Certain industrial concerns demonstrated conclusively that the mandatory use of goggles and other protective devices in hazardous occupations kept eye injuries to a minimum; yet in spite of efforts on the part of safety organizations and personnel the adoption of precautionary measures was largely disregarded.

During the war there was considerable expansion in the program for industrial eye safety, and in efforts to broaden its objectives, with emphasis on the importance of thorough eye health procedures. It was agreed that these should include pre-employment and periodic eye examinations, job analysis with a view to appropriate placement, prescription lenses in goggles as needed for safety or efficiency, proper illumination and environment, as well as first aid and other hygienic measures. Co-operating actively in this and a subsequent postwar campaign are the United States Public Health Service, the Joint Committee on In-

dustrial Ophthalmology of the American Medical Association and the American Academy of Ophthalmology and Otolaryngology, the National Society for the Prevention of Blindness, and many state and local agencies concerned with health matters and with preventing blindness. The nursing profession is extending its industrial nursing service and developing special skills in relation to eye care. Based on the findings of a wartime study financed by the War Production Board, a program of education and demonstration is being promoted under leadership of the National Society for the Prevention of Blindness, with ever-widening participation from industrialists as well as from professional groups and individuals.

Foreign Programs

As the prevention program in the United States has progressed, steps toward the elimination of needless blindness and for the conservation of sight have been taken in other nations. Great Britain and Canada are among the countries with early organized efforts. An international association with headquarters in Paris was formed in 1929 to act as a central clearinghouse for European developments in this field; though necessarily inactive throughout the war years it is again undertaking publication of a *Journal of Social Ophthalmology* for international exchange of information and ideas. In Latin America a number of national organizations have been started, under sponsorship chiefly of the medical profession; and an objective of the Pan-American Association of Ophthalmology is to see that each country in its membership has a representative group concerned with prevention of blindness and with the causes of vision loss.

The problem is world-wide and it is having world-wide recognition. As consideration is being given to the nature of health developments under the United Nations, there is study likewise of the place to be held by voluntary activities in this special field and of their relation to the over-all program for world health. An ever-broadening participation in the program gives opportunity for strengthened activities and a union of voluntary and official

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bodies which will lead toward greater accomplishment.

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ELEANOR BROWN MERRILL

SOCIAL ACTION³ is a term that has come into general use by social workers, although no definition of it has been accepted with complete agreement. One of the simplest statements of its nature is that made by Gordon Hamilton, *infra*. "The whole concerted movement toward the solution of mass problems in welfare is sometimes called social reform and, more recently, social action. . . . When the social worker turns to the forces of community or government to achieve his objectives, rather than relying on individual initiative or voluntary group processes, we think of this as social action."

¹ For addresses of periodicals listed, see Appendix A. Up-to-date information on prevention of blindness legislation, responsibilities of various agencies, and list of existing agencies are available from National Society for the Prevention of Blindness on request.

² Also available in reprint form from National Society for the Prevention of Blindness.

³ For names of national agencies in this field listed in DIRECTORY of AGENCIES in Part Two, see INDEX under the title of this article.

In most concepts of social action the following elements are included:

A mass attack on a problem, instead of individual action with respect to it. While individual leadership usually initiates social action, action by the larger group is essential to its fulfillment.

A concerted movement by an organized group or groups, instead of random or discordant effort. A mob demonstration which arises spontaneously would not usually be called social action.

A socially desirable objective, instead of one that is antisocial. The sincere belief of the social action participants in the social value of their objective is generally regarded as a criterion.

Social change is not always implied. The 1946 Conference on Unfinished Business in Social Legislation,¹ which supported the government's social program and also sought to preserve the Office of Price Administration and its powers as a deterrent to further rises in the cost of living, is an example of social action. An organized buyers' strike to fight inflationary prices would be another.

Promotion of social legislation is usually regarded as a typical example of social action, since social change is frequently achieved through this means. However, social action is broader and more inclusive than the promotion of social legislation itself.

Legality. Most activities in the field of social work which are referred to as social action employ methods and pursue objectives well within legal and ethical limits. Differences of opinion exist, of course, about the criteria of legality, ethics of the means used, and validity of the ends sought.

Social Action As a Process in Social Work

Social action has been identified and in recent years is increasingly recognized as one of the processes of social work. Mary E. Richmond in 1922 referred to it as one of the four forms of social work.² Social case work, social group work, and social welfare planning rest in the main on voluntary processes. So-

¹ The Conference, called by 11 national social agencies, was participated in by over 500 delegates from 81 cities and 33 states.

² Richmond, Mary E., p. 223 in *What Is Social Case Work?* Russell Sage Foundation, New York. 1922.

cial action by its nature invokes compulsion, whether through recourse to governmental authority and legal enforcement or to other forms of coercion, such as public opinion.

Social action is a manifestation of the belief that social progress can be accelerated by conscious control by the mass of the people rather than by being left to the slow and evolutionary processes of voluntary acceptance. While direct help to individuals suffering from social and economic problems in society is important and necessary, the philosophy of social action implies that the social work profession must exert its influence to reshape the social and economic structure where and when it produces maladjustments affecting the people. This it must do if it is to become a well-balanced profession; it cannot afford to concentrate on the amelioration of social evils alone but must consider how to prevent or change the basic causes of social problems. Inherent in the philosophy of social action is recognition that the responsibilities of the social work profession are not circumscribed by its obligation to individual clients but, because of individual interdependence, must reach out to the whole of society. The assumption of leadership in social action by social workers requires unity of opinion and purpose, the development of a coherent social philosophy, better professional education, integrated and continuing programs of research, and a recognition of the fact that social work, together with labor unions, professional and business associations, and civic and other groups, must function as part of society as a whole and in collaboration with these organizations in order to achieve social ends.

Methods of Social Action

The methods of social action include the following:

1. Social research. This begins with the recognition and formulation of a problem requiring social action. It requires the ability to detect the elements of a common problem, and to anticipate their results. The usual sources for the discovery or formulation of problems for social action are the case record, the repeated or unmet request, the recurrent com-

plaint, revealing newspaper items, observations of skilled workers, the special study, and the social or community survey.

Social research methods test hypotheses with scientifically valid techniques such as statistics. Where a hypothesis, proved to be valid and shown to require action, becomes the subject of action, the research technique provides the facts upon which to marshal public support, as well as suggesting possible remedies.

The importance of facts in the social action process is indicated by the following remark made in 1916 concerning Colonel House and his relationship to President Wilson: "What difference does it make whether he advises the President, or the President takes his advice if he offers any? Give me the chance to say to the President 'This is the *fact* about this man or thing,' and I will be much more important than a hundred advisers."

2. Planning a solution. Social research cannot be restricted to the accumulation of facts to prove that a problem exists or to show the extent to which it reaches; it must present data demonstrating that the situation is remediable and suggesting feasible solutions. In formulating a solution the assistance of cooperating groups should be enlisted. The remedy for a problem ought to be simple, inexpensive, easy of execution, and precisely designed to effect the end in mind. Psychological and sociological factors in a situation must also be given consideration. For instance, a proposal to meet the housing needs of people to be displaced by a housing development in the heart of a city, by provision of new dwellings in the suburbs or outlying boroughs, may have small chance of success when psychological and sociological ties impel a majority of the families to resist any effort to remove them beyond the immediate neighborhood.

If a statute is the proposed solution to a given problem, the administrative department charged with its enforcement, if enacted, should be consulted early in order that its support may be won if possible. Often such departments can point out enforcement difficulties and suggest constructive changes in the proposed legislation which will help weaken opposition to the measure and make

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enforcement less difficult. Endorsement of a bill by the governmental department affected enhances the probability of its enactment.

When a proposed solution is legislation, great care must go into the drafting of a bill. Senator Thomas C. Desmond, *infra*, a member of the New York Legislature, gives the following description of the drafting of a bill by his research staff:

"Following a close study of similar legislation in other states, we prepared six months before the opening of the 1938 New York State Legislature a tentative draft of the Desmond-Breitbart premarital medical examination law. This we distributed to leading physicians, syphilologists and social workers for criticisms and constructive suggestions. Soon after, we presented a revised draft to a conference of a dozen experts called to assist in drafting a comprehensive law.

"Among the questions discussed at this conference were the following: Should the bill be restricted to syphilis, or extended to include gonorrhea? Should a physical examination and a blood test, or only a blood test be required? What time limits should be imposed with regard to the test and examination? Should syphilitics in a non-communicable stage of the disease be permitted to wed? What provision should be made for administration of the law? How can opportunities for evasion or fraud be minimized? Should a maximum fee for the test and examination be established? How severe should penalties for violations be? How can records be kept confidential? Should the maximum time limit for validity of marriage licenses be reduced from one year? Should judges be given power to waive requirements of the bill in cases of 'emergency'? These and other problems had to be solved before a proper bill could be drawn. . . .

"Having secured the advice of experts on these technical problems, we submitted the third draft of the proposed Desmond-Breitbart law to the lawyers on the New York State Legislative Bill-Drafting Commission, who altered it slightly to conform with good legal practice. When the legislature convened, the bill was ready for introduction."

3. Enlisting the aid of supporting groups and of the public. Regardless of how pressing a problem may be, how significant the data, or how effective a proposed solution may appear, public backing must be secured. Most of the techniques employed for this purpose are similar to those used in the process of community organization in social work and in publicity for social work. See COMMUNITY ORGANIZATION IN SOCIAL WORK and PUBLIC RELATIONS AND EDUCATION IN SOCIAL WORK. It is important that the aid of groups representative of the public to be affected by any action be sought early, and that they be included, so far as is practicable, in planning for action. It is not enough that these groups merely lend their names to a movement; their understanding of the problem and how the proposed remedy would solve it is essential if their contribution is to be vigorous and forceful.

The first groups approached should usually be those most likely to be sympathetic to the cause in hand. Once their support is won, the approach to others will be easier and more likely of success. From the initiating group or groups, information may be disseminated to other groups until all the important segments of the population have been reached. Such information and publicity should attempt either to nullify opposition or to arouse active support.

4. Presentation to the council body. By "council body" is meant that body which has the power to effectuate the proposal made. It may be and often is a legislature which has power to enact a law; it may, however, be an administrative unit with authority to change a policy; or it may be a board of trustees of a private corporation, as in the case of labor difficulties in private industry.

The presentation of a proposed bill to a legislative body demands the utmost skill and knowledge of political and legislative processes. This function is often undertaken by a "legislative agent" or lobbyist, who can select the appropriate house and specific legislator to introduce the bill, muster legislative support, anticipate and attempt to meet opposition, and follow the bill in committee and through both houses, bringing the points of

view of supporting groups to bear at the appropriate or critical moment. The influence of the lobbyist depends on his knowledge and sincerity as well as on his ability to enlist the support of groups in the community whose views are considered important by the legislators.

5. **Enforcement.** The enactment of a law by a legislative body and its signature by the governor is not the end of the social action process. Enforcement of the law or execution of the policy is the real test of success or failure. Its neglect is frequently a vulnerable weakness, and may provide the opposition with a deadly weapon. To realize that perseverance and vigilance have no substitute one need only think of the recalcitrant legislature which, under pressure, enacts a law and then "fails" to appropriate more than token funds to enforce it, or the crafty administrator who, when compelled, consents but does not act. For example, in order to stimulate interest on the part of public officials and judges in upholding sanitary regulations in Chicago, a Women's Joint Committee of the Metropolitan Housing Council attends hearings at the court when cases of sanitary violations are held, with salutary effects on judicial decisions.

These five steps in social action do not, and should not, occur always in the same sequence or with the same emphasis. Only circumstances and the opportunities at hand, with a sense of timing, can provide the cue and suggest the manner of the moves to be made. Sometimes several of the steps may be undertaken simultaneously and with telling effect. Several years ago the council of social agencies in a New England city initiated a social action movement to improve one of the city's slum districts. The council secured a weekly column in the local newspaper and devoted the entire space to facts unearthed by the cooperating groups in their research work of the preceding week. Thus the social research, enlistment of public support, and bringing matters to the attention of enforcement bodies all proceeded at once. Many property owners, seeing what was happening and sensing what was likely

to happen, forthwith brought their properties up to standard or demolished them.

Social Action and the Social Worker

Social action has not emerged as a widely accepted occupational field within the profession. The literature in social work dealing with social action is meager. While in recent years there has been growth of membership by social workers in trade unions, and some participation by individual practitioners in the Political Action Committee of the Congress of Industrial Organizations and in the recently formed Social Work Action Committee, for the most part social workers are not a politically conscious group.

Some social workers, desirous of opportunities in the social action field, have sought them in organizations outside the profession, where possibilities for more effective action and professional development have seemed more favorable. Few social agencies employ the process of social action other than intermittently, and as a secondary or minor function. The handful of social workers employed by social agencies to initiate social action are seldom referred to as other than social welfare administrators, community organizers, or consultants. These social actionists necessarily rely on groups and organizations outside their own profession for their main support. The development and exploitation of certain social action mechanisms and some of its techniques in labor unions, voters' leagues, consumer groups, professional and business associations, and veterans' and other organizations have for the most part outstripped those in social work.

Where social action is practiced professionally as an accessory to case work, group work, or social welfare planning, it is usually a counterpart or supplement rather than an integral part of social work, or a tool or technique rather than a method, process, or end. There is some evidence that a substantial group of social workers regard social action as something to be toyed with during off moments rather than engaged in as a major professional responsibility, and who still believe

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that problems or social issues are to be discussed and understood but not attacked.

Kenneth L. M. Pray, *infra*, has defined the professional responsibilities of all social workers for social action as follows: “. . . to contribute steadily of our understanding and skill, derived from . . . experience, to help the community constructively to relate its institutions and arrangements and services to the fundamental needs of human beings as they are disclosed in our service relationships.”

The pioneers of social work regarded social action as an obligation of the profession. These early days were marked by the struggle for adequate care of the mentally ill, the institution of juvenile courts, the abolition of child labor, the inauguration of probation, court and prison reform, improvement of housing, the humanizing of institutions. The widespread suffering of the depression years revived the recognition of the necessity for reform. The promotion of legislation affecting relief and public welfare, unemployment compensation and social security, the appearance of trade unions in the social work profession, the creation of a separate section devoted to social action in the National Conference of Social Work, are evidences of that spirit. The number of agencies devoting either a part or a whole of their services to social action has slowly increased. About two years ago a poll among national agencies and state conferences of social work by a committee of the National Conference of Social Work showed that 12 of the 15 national agencies responding and 7 of the 12 state conferences replying stated they had legislative programs.

Postwar Developments

The end of the war brought a revival of interest in social action. The national board of the American Association of Social Workers in 1945 established a Committee on Public Social Policies. On its recommendation, the board itself and many of the Association's chapters actively supported federal legislation encompassing many of the areas of social work, by appearances at public hearings, conferences with officials, letters to congressional leaders, and cooperation with civic, social,

labor, and other organizations. The measures supported included bills relating to child welfare, fair employment practices, and full employment, as well as national programs for health, hospital construction, housing, mental hygiene, social security, and public welfare. The Association, in collaboration with the Child Welfare League of America and federal agencies, recommended the establishment of a federal department of health, welfare, and education. See *FEDERAL AGENCIES IN SOCIAL WORK*. A number of social, civic, labor, professional, and religious organizations have collaborated in recommendations for a permanent welfare organization in the United Nations.

The Family Service Association of America, recognizing that social legislation would be an important postwar development, formed a Committee on Social Legislation, which registered its views and stimulated its member agencies to do the same in regard to major social legislation pending before Congress. The American Public Welfare Association took the lead in drafting principles which were embodied in the Forand Public Welfare Bill, and collaborated with national and local organizations in relation to testimony at hearings and in giving other forms of support. The Society of Recreation Workers of America (now the American Recreation Society), the American Association for Health, Physical Education and Recreation, and the American Association for the Study of Group Work (now the American Association of Group Workers) jointly issued a statement of principles for establishment of a federal recreation service, which was incorporated into a bill (S.2070) which these groups then supported.

The National Mental Health Institute Bill was introduced in Congress with the effective backing of the National Committee for Mental Hygiene and state associations. The Committee on Research in Medical Economics and the Physicians' Forum for the Study of Medical Care provided similar leadership in relation to the National Health Bill.

To meet growing concern on the part of local social agencies, the Child Welfare Information Service (now the Social Legislation In-

formation Service) was established in 1944 to report on federal social legislation and developments in its administration. The Service, whose board includes 40 representatives of leading social agencies, became 75 per cent self-supporting within two years by member subscriptions. It supplied the National Committee on Mental Hygiene with 10,000 copies of its report on the National Mental Health Institute Bill, for nation-wide educational purposes. The Service's *Social Legislation Bulletin* is published approximately weekly while Congress is in session.

In order to pool the efforts of some 30 civic, labor, religious, welfare, and public interest groups in support of the National Housing Bill, a Housing Legislation Information Service was established in 1945 paralleling in form a consumer council which brought together similar organizations in relation to retention of price control and other measures affecting the consumer.

Social action and the research on which it is based is still fragmentary and for the most part uncoordinated. The need for social research and action, national and international in character and comparable in scope and integration to progress in the physical sciences, is desperate. Its fulfillment may be the next step in civilization's onward march.

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SYDNEY MASLEN

SOCIAL CASE WORK. The profession of social work is concerned with promoting the welfare of the individual in the interests of society. This implies the attainment of a social and economic structure which will afford every individual opportunity for the maximum development of which he is capable. In achieving this purpose the profession must work toward two objectives: (a) the reshaping of social and economic institutions which are failing to fulfill their functions, and (b) the creating of special services for groups of individuals whose needs are not being met. Appropriate measures in the attainment of both of these aims are the concern of social work, but those which fulfill the second objective are more peculiarly its province.

Social case work is one method—as distinguished from social welfare planning, social group work, and social research—by which certain special services are made available in areas of unmet need. See COMMUNITY OR-

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GANIZATION IN SOCIAL WORK, RESEARCH AND STATISTICS IN SOCIAL WORK, and SOCIAL GROUP WORK. Its practitioners deal directly and differentially with persons in need, and endeavor, individual by individual, to understand precisely what is needed and to make available the help indicated. Social reform and social welfare programs are effective only in so far as they are oriented to individual needs and capacities and to actual social situations. Therefore the knowledge and understanding of situations and of people, attained through social case work, may well serve as a basis for sound social action and for effective social welfare planning. *See* SOCIAL ACTION.

The social case worker deals with people who are experiencing some breakdown in their capacity to cope unaided with their own affairs. This breakdown may be due primarily to external forces beyond the control of the individual, or it may be partially, largely, or entirely due to factors within the individual; that is, he may himself have created his social dilemma. In either instance the case worker deals with people who are in trouble and who, regardless of the source of their difficulty, are prone to have disturbed feelings about it. Furthermore, each individual in his own peculiar struggle for mental and physical survival has developed characteristic ways of handling his discomfort to the end of diminishing it so that he may live comfortably with it. His way of responding to his problem as well as his feelings about it will be decisive factors in his use of help. In either instance it may be indicated that the case worker render services which meet practical reality needs, and take action which modifies environmental stresses and makes available opportunities in areas of deprivation and frustration. These very services, when oriented to feelings and to ways of responding, may ease anxieties, relieve discouragement, give new confidence, and enable the individual to manage his own affairs more competently. Along with or apart from these actual services it may be indicated that the case worker help the client (a) to understand his situation better, (b) to become acquainted with or use available resources, (c) to clarify his indecision, and (d) to discharge feelings

and also to understand feelings which are obstructing constructive action or inducing destructive behavior.

The initial responsibility of the case worker is to determine through the interview what the client sees as his problem, what help he wants and needs, and what factors are contributing to his difficulty. It is the case worker's responsibility also to make clear wherein the agency which she represents can or cannot help him, and to make known its ways of working and what the client will have to do in order to be helped or in order to establish his right to the service. It is important that the case worker understand what it means to the individual to ask for and take help and how he feels about his problem. This is essential because how the individual feels will determine in large measure what he thinks and what he does. His thinking and his action in relation to his life circumstances will determine whether or not his solution is a satisfactory one. Therefore his use of help—that is, his activity in the solution of the problem—may hinge upon the worker's knowledge and skill.

In a given instance the case work treatment approach and emphasis is determined by the following variables: (a) nature of the problem, (b) psychodynamics of the case, (c) actual life circumstances, (d) worker's capacities, (e) agency function, and (f) community resources available. It is through professional education and experience that the knowledge, understanding, and skill are attained which enable a worker to help a client differentially in the light of these varying factors. In addition to contents of knowledge within the field of social work other than the social case work process, there is required also selected orientations in related fields.

Scope of the Field

Social case work is a generic method which is practiced within a variety of agency and institutional settings. Originally it was practiced wholly in social agencies the primary function of which was to help people with social problems. It later came to be practiced in agencies and institutions—such as hospitals, clinics,

schools, and courts—with some other primary function but in which service to people, the promotion of human welfare, was the keynote of the work. Recently social case work skills have been sought in industrial and military systems with the purpose of eliminating the unfit or of enabling the system to use individuals more gainfully. Education for social work, in which case work training has had a prominent place, has prepared workers for practice in family welfare programs, governmental and voluntary, including the local, state, and federal public assistance programs, voluntary family agencies, home service of the American Red Cross, travelers' aid, immigrant services, and adult courts and probationary services. It has trained workers for practice in child welfare programs including federal and state agencies, children's institutions, local child-placing agencies, protective agencies, juvenile courts, certain aspects of institutional and day nursery care, and school social work. It has prepared workers for medical and health programs including general hospital and outpatient clinics, crippled children's programs, infant welfare services, mental hygiene programs, child guidance clinics, and other preventive medical services. *See EDUCATION FOR SOCIAL WORK.*

Development of Theory and Practice

While the predecessor of the modern case worker was primarily concerned with formulating measures to deal with problems such as poverty, alcoholism, and crime, for the comfort and good of the community, there gradually came a focus on the good of the individual for his own sake as well as in the interests of society.¹ Certain basic principles that characterize case work today can be traced to these earlier concerns, notably, (a) the conviction that it is important to understand and to deal with the factors which cause social maladjustment, (b) an appreciation of individual difference and a realization that one must work differentially, individual by individual, (c) the importance of the family in the life of the individual, and (d) recognition of the impor-

tance of the nature of the interrelationship between client and worker.

In the early 1900's the social case worker's concept of individual difference was enriched through contributions from the related fields of psychology and education as expressed in child study and the kindergarten movement, as well as through studies in feeble-mindedness and the formulation of mental testing techniques. Important also in this period were the studies in sex, which brought focus on the emotions as a factor in individual differences in responding to life situations. On the whole, however, this period brought an overemphasis on the importance of intellectual endowment as the basis for social adjustment.

In dating the beginning of modern social case work, the year 1898 is sometimes chosen because the first formal teaching program was established in that year, thus signifying that there was a content of knowledge and skill to be imparted.¹ The thinking of this period culminated in the significant work of Mary E. Richmond who, in *Social Diagnosis* (*infra*) as well as in her subsequent writings, laid the foundations of modern case work. Although, prior to this, philosophic speculation had been giving way to scientific method, Miss Richmond's outstanding contribution was the formulation of scientific method through which it is possible to build up a common body of knowledge while maintaining a focus on the combined factors which make a given case situation unique. She placed great emphasis on the importance of the individual and on understanding that all individuals are different. She developed a concept of case work as a democratic process. The fact that human beings are interdependent was recognized. While acknowledging human interdependence she placed stress upon the need of people to be self-determining. She recognized also the importance of the worker-client relationship as a reciprocal one in which "energy and initiative might be released" in the direction of "higher and better wants and safer social relations" for the client, with resultant possibility

¹ This was a summer course given by the Charity Organization Society of New York, which led to the founding in 1904 of the New York School of Philanthropy, now the New York School of Social Work.

¹ See Robinson, *infra*.

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of personality growth for both client and case worker.¹

Subsequent contributions from related fields of knowledge as well as knowledge acquired through the use of Miss Richmond's theories of practice have affirmed and enriched this philosophy. The methodology presented in 1917 has undergone considerable change as the field of practice has learned in some measure how to utilize scientific method in the fulfillment rather than in the negation of a democratic ideology.

During World War I the influence of new thinking in the field of psychiatry brought a marked shift from study and treatment of social factors as the basis of the individual's maladjustment to the study and treatment of psychological factors. In the early years of psychiatric influence there was a lag, however, between democratic ideology and the proper use of scientific method. In fact, the latter for a time reinforced old forms and methods of history-taking, while the treatment formulated recommended the control and manipulation of psychological factors much as in the case of social factors. That is, scientific method at first subordinated the individual to the study process and to the treatment plan devised by the case worker for the proper management of the case. Only gradually did the deeper understanding of human behavior, attained through study of psychological factors and through use and misuse of those insights, bring ways of working which have made it possible to realize in greater measure the ideology expressed by Miss Richmond. For example, in relation to the idea of the importance of helping the client to help himself, it finally became clear that the client's own conception of his difficulty, his own plans for himself, and his impulses toward change are basic both for diagnosis and treatment. From knowing a great deal *about* the client through others who actually may have misunderstood him, case workers turned to knowing *him* and to attempting to see his problem through his eyes. More valid diagnostic findings resulted and treatment became more effective when at-

tempts at readjustment were aligned with his own basic wishes.

While social case work has been influenced by a variety of psychological points of view, it has been markedly affected by psychoanalytic concepts as formulated first by Sigmund Freud. It has continued to be influenced by the followers of Freud as the original tenets are elaborated and modified through practice. The concepts of Otto Rank have also been deeply influential on case work practice. Space does not permit discussion of the differences in the psychological theories and methods of these two schools of thought, nor of the important individual and common contributions of each to social case work.

In retrospect it seems that social case workers were peculiarly receptive to psychoanalytic thinking because it affirmed their own previous observations and enlightened much that they had vaguely comprehended. This orientation strengthened the use of scientific method, not only because it utilized this same method but also from another standpoint. Since the capacity for scientific thinking is dependent in large part on recognition of bias and a capacity to control one's relationship to the information revealed and to the individuals concerned, psychoanalytic orientation made a contribution in giving the worker awareness of how identification and projection may defeat objectivity in each phase of case work—investigation, diagnosis, and treatment. Furthermore, psychoanalysis brought deepened insights into human behavior, among which were an enriched concept of individual difference, heightened appreciation of the family as the unit of society, and an understanding of the importance of the emotions in the motivation of human behavior, together with a content of knowledge in this area. It also contributed new ways of working with people. Notable among these were the value of catharsis, and the possibility of developing insight through the free association implicit in this process. Notable also was the understanding it contributed to the worker-client relationship as a dominant element in the client's response to help. In all of these areas, social case work had a body of foreknowledge which made for relatively

¹ See Richmond, *What Is Social Case Work?* (*infra*).

rapid incorporation of psychoanalytic content. This integration is not complete nor has it occurred without lags and phases of distorted emphasis. There were periods of overemphasis, for example, on the study and treatment of psychological factors to the exclusion of social factors, as the basis of the individual's problems in social adjustment.

The great depression of the 1930's brought new impacts and marked changes which combined to hasten and reinforce the integration of the contents of psychiatry and social work. It brought renewed appreciation of the importance of social stresses in the production of physical, mental, and emotional ills as well as of psychologically oriented social measures in the alleviation of those ills. Case workers learned to use to the utmost ways of helping that were brief in time and limited in scope. These ways focused narrowly but productively on the patient in relation to the problematic elements in the reality situation. It was learned that to restore "the ego stripped of resources" the individual's dependency needs must be met freely and his surviving impulses for self-mastery staunchly affirmed. Case work moved into the 1940's with a clearer definition of its function and a more coherent content of knowledge and skill with which to meet the pressure and demands of the war and postwar periods.

In World War II the observation from military psychiatry that under sufficient stress any individual may show failure of adaptation, evidenced in symptoms characteristic of profound mental and emotional disorder, as well as the treatment measures recommended for war neurosis, has confirmed the validity of certain case work concepts and working principles. It might be said that the first World War turned case workers toward becoming psychiatrists whereas the second World War has returned them to the social work field. It might be said also that on their return they have brought the psychiatrist with them to the extent that a problem for clarification in the immediate future is the differentiation of the functions of the psychiatrist and the social case worker in some areas of practice.

Recent Trends

In this transitional period it is difficult to determine case work trends. During the war years social case workers were spread thin to help meet human need on many fronts. Since V-J Day they have been on the move from wartime programs to old established agencies and from the latter to a variety of new settings, taking with them that something which is social case work, modified perhaps through new circumstances. New trends which may have developed under exceptional working conditions are not yet well defined. It is possible, therefore, only to note those trends which have persisted.

It is clear that the wartime experience served as a proving ground where what social case workers had to offer underwent a stringent test in which those practices useful to men under stress were sharpened and strengthened. Now, when society wavers between regression to its old highly competitive and individualistic system and progression to an order in which some degree of social security is the guaranteed right of all individuals, men continue under stress in a precarious struggle for survival. High incidence of social problems creates an unprecedented demand for social case work services. It can be expected that the trends in case work will persist which in the past have made for the utmost results with economy of effort.

Helping the client use his resources to deal with his situation implies an investigative focus which seeks to discover the strengths rather than merely the pathology of the individual. This results in a treatment approach which emphasizes the using of strengths rather more than the overcoming of weaknesses. Except in those instances where inner resources cannot be used until pathology is dealt with directly, one counts on the individual's productive use of his resources to effect the healing process. Implied also is a treatment philosophy which has the conviction that an acute emotional upset over a specific situation may become general and chronic. Hence a bit of timely help may be more effective than extensive belated help. Aiding the client to use his own resources implies the realization, too,

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that a bit of help rendered at time of need may have far-reaching effects, by reason of the fact that acute need may impart deep emotional import to a helping experience. The beneficent help may leave its mark as surely as the prior traumatic experience. In the light of these concepts the social case worker, in his management of the therapeutic relationship, has given up former misguided attempts to enact a prescribed role fashioned after the psychoanalytic transference situation. Instead, there is an attempt to afford the client a relationship flexibly oriented to his need and of minimum intensity to serve his purpose in the solution of his present problem. This implies keeping the client's feeling directed toward the reality situation, his focus on his present problem, and on his purpose in seeking help.

Renewed recognition of the importance of social stresses *per se* inclines the social case worker to use quickly and to the utmost all that he knows in their alleviation. There is increased awareness that case workers cannot operate alone, and that social case work through social research has a contribution to make to social planning. Although only on the threshold of development, there is growing interest in group studies of particular problems as revealed in case records. A tendency to acknowledge the limits of the case work method is bringing recognition of the agency executive's obligation to seek and to use case work findings in areas of administration and social action. Likewise there is awareness of the case worker's responsibility to make known to agency administrators lacks in agency programs, handicaps in agency policies and legal provisions, and gaps in community resources in relation to common needs. The present predominant trends in the field of social work to reshape institutions should, if realized, result in diminished need for case work services. Furthermore, when it functions in a social structure which supports its aims, social case work should attain results not possible in its traditional practice of operating against gigantic odds.

There is growing awareness, too, of the integrative function of social case work. The war experience demonstrated further that

when there are multiple services available to an individual within an institution or within a community the social case worker is prepared to play a definite role not only in understanding the person and his need but also in bringing services together in an economical and appropriate treatment procedure. When social case work is established as one service in a complex structure it functions best when it is not an adjunct service but plays a basic integrative role.

Necessity for maximum results with minimum effort emphasizes the importance of diagnostic skill and stimulates concern as to how it may be attained promptly. Accordingly there are increasing attempts to formulate the core of case work knowledge and skill in order that certain basic principles and essential orientations may be quickly used in short-time contacts, and readily conveyed to untrained workers. Because we have had a long period in which emphasis was placed on the uniqueness of individual situations, we have a body of knowledge which enables us to use generalizations tested by experience to develop a more flexible and economical procedure. In schools of social work and in agencies there is focus on common denominators, on viewing cases comparatively, and on taking action on the basis of tentative assumptions. In so far as generalizations have a sound scientific basis, this attempt to distill simple principles from a complicated content of knowledge should have great values for the profession in the hands of trained workers who continuously will test them against their experience. In the hands of the novice this trend constitutes a dangerous short cut in which assumptions prematurely may become theories, and theory, dogma. As a safeguard against stereotyped thinking there is recognition of the importance of more research. Recent social case work literature indicates a substantial trend in this direction, but a weakness still awaiting correction is the dearth of sound research and the continued dependence on research in related fields to guide social case workers in their thinking and practice. *See RESEARCH AND STATISTICS IN SOCIAL WORK.*

The recent war, just as World War I,

brought large numbers of people from all walks of life into contact with social case work services. There has been a slow but steady upward trend in the number of individuals and families served who were not in the economically dependent group. The increasing trend toward fee charging for social case work service in some agencies and clinics is indicative of the change in economic status of the group served, as well as of the change in the public's conception of social case work. *See* FAMILY SOCIAL WORK. A noteworthy postwar development is the increase in requests of psychiatrists for case workers to serve with them in private practice.

Case Work in the Postwar Period

Cessation of the war has not brought termination of social case work services directly connected with the war effort. The vast system of social services of the American Red Cross has been gradually declining through reconversion of their responsibility to civilian agencies. As patients move from military hospitals to Veterans Administration hospitals or into many communities, social case work services are being established and existent agencies are being expanded. In communities where governmental and voluntary agencies are available to the veteran, Red Cross home service units are undergoing a more rapid curtailment of services than elsewhere. Some veterans' service or rehabilitation centers under civilian auspices are reducing or terminating their programs. Others are still active and expanding their services. Military social work can be made a career by those interested in Regular Army commissions, since the ambiguous position of the military social worker has been corrected through military Occupational Specialty Number 3605. The short-time case work services of the USO-Travelers Aid program will continue to meet the needs of the armed forces through 1947, while the National Travelers Aid Association looks to the future anticipating heavy demands due to continued large migrations of peoples. *See* MIGRANTS, TRANSIENTS, AND TRAVELERS.

Space does not permit enumeration of the many agency settings in which social case

work is wanted and needed. It is possible to cite only a few of the most noteworthy developments, significant in that they represent an extension of public responsibility and of the individual's claim of right to case work services as an integral part of other services. The Veterans Administration has established, under Public Law 390, medical and psychiatric social services throughout its hospitals, outpatient clinics, and vocational rehabilitation centers. *See* MEDICAL SOCIAL WORK and PSYCHIATRIC SOCIAL WORK. To meet the shortage of staff trained for this work there has been established a work-study plan in cooperation with schools of social work. State vocational rehabilitation agencies, in their services to handicapped civilians, war disabled civilians, and veterans with non-service-connected disabilities, rapidly are establishing medical and psychiatric case work services in cooperation with the Office of Vocational Rehabilitation in the Federal Security Agency, under the extended and liberalized provisions of Public Law 113. *See* VOCATIONAL REHABILITATION. The national mental health program, assured through the passage in 1946 of the National Mental Health Act—which provides for research, training of personnel, and aid in bringing clinical services to communities—includes social case work services. *See* MENTAL HYGIENE.

The war experience has deepened the long-standing realization of the importance of the childhood period. This has brought a demand for case work services in schools, nursery groups, institutions, and juvenile courts, as well as for expanded case work programs in all the established child welfare agencies. *See* CHILD WELFARE. There is recognition that the vast public assistance programs must be manned more adequately in the years ahead if they are to fulfill their purpose. *See* PUBLIC ASSISTANCE.

Wherever there are individuals who are unhappy, ineffective, troublesome, ill, or in economic need—and they are everywhere without reference to age, class, race, or creed—there is an urgent demand for case work services. The wartime resolution that there should be continuous effort to solve long-existent social

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problems has not subsided, and there is a general casting about to expand old facilities and to create new ones. The question arises, can the profession serve individuals best in a few focal points, or should it try to meet the need wherever it presents itself? It is clear that social case work cannot function everywhere and that the time has come for deciding under what agency conditions and through what channels it best can serve the greatest number. The profession as a whole through research, sound administration, and intelligent community planning may safeguard rather than squander social case work services at a time when conservation for competent service is a decisive need.

The future of social case work is contingent upon the provision of scholarship opportunities and upon expansion of accredited schools of social work in order that more workers may be trained. It is contingent also upon the extent to which social case work becomes an integral part of the profession and the profession becomes an integral part of the social system which it serves.

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CHARLOTTE TOWLE

SOCIAL GROUP WORK,¹ like social case work and community organization, is a basic method in social work. See COMMUNITY ORGANIZATION IN SOCIAL WORK and SOCIAL CASE WORK. It is one way of giving service or help to individuals. To some degree social group

¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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work is utilized in all social work practice. Primarily, however, it is a specialized method of providing growth opportunities for individuals and groups in the functional settings of social work, recreation, and education. *See ADULT EDUCATION AND RECREATION.* Though social group work is still regarded as one of social work's newer methods, much progress has been made within the past ten years in studying, clarifying, and formulating its scope and meaning.

All individuals have common human needs which they seek to satisfy in groups. In an earlier era, prior to the growth of industrialization and urbanization, these needs were met in the natural setting of the family, work place, and other community groups. Now, and to an increasing extent, social agencies are needed to provide group experiences for children, youth, and adults whose social needs are greater as society becomes more complex. Because of the nature of the group and the way the group worker functions, social group work — in addition to being a method — is also a type of experience for individuals.

There is substantial agreement upon the characteristics of social group work as method and experience. Important elements in several definitions of social group work are (a) the nature of the group, (b) the skill and function of the worker, and (c) the specific objectives to be attained.

In social group work the group itself is utilized as the primary means of personality growth, change, and development. Since the desired outcome of group work is the social development of both individual and group in the community, the kinds of groups in and through which experiences are provided are of the utmost importance. The qualitative nature of group life which results when certain persons unite voluntarily with a worker in a social agency setting is itself a positive force for enhancing the individuals' capacity for social development and adjustment. The interaction of individuals striving for the gratification of personal and group goals is a subtle but powerful dynamic of group work.

Social group work requires a social worker who has knowledge, understanding, and skill

in the art of helping people to relate to and work with each other. The group worker's role is that of a helping person who, through his own relationship with the members, is able to influence the quality of group life. This conscious use of himself enables the worker to give direction to the processes of interaction in an individualized manner. In this respect social group work makes evident its primary objective: that is, individualized experiences which make possible specific personality changes.

The Purposes of Social Group Work

Social group work's objectives are no different from those of social work of which it is a part. Social work seeks to improve human relations. Group work functions in this broad area by providing group associations and experiences which afford persons a controlled environment within which they may be helped to adjust and relate to each other. Another objective is to help develop the capacity and increase the skills of persons to participate effectively in the groups and communities of which they are a part. This is an essential requirement of democracy, which calls for people able to establish a participating relationship with others in the pursuit of social goals. Persons who are secure and accepted are better able to participate in cooperative activities. Because of the relaxation and enjoyment of group life they are enabled to express themselves in a creative way. Fundamentally, social group work fosters the establishment of social relationships as complete and satisfying as possible.

Social work recognizes the principle that persons, groups, and communities react to and utilize new experience on the basis of patterns that have been built up through all past experiences. Though group work has general purposes, inherent differences in individuals and groups make necessary the establishment of specific objectives. A prominent difference which must be understood is the use which the individual wishes to make of the group. Each group member creates the kind of relationship with the group which is most satisfying to him. He may use the group to meet psy-

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chosocial needs such as love, affection, and security. The group may be a means of identification with programs of social and economic change which are regarded by him as important. Central to the determination of specific objectives is the fact that persons and groups differ. The age of group members, their past experiences, and their capacity to grow and change are vital factors. The skill and understanding of the worker are another differentiating influence, as are the purpose and function of the agency. The richness or inadequacies of community resources facilitates or limits the objectives which can be attained. The specific purposes of social group work emerge out of the interaction of individuals and groups in an agency setting in a changing community situation. The setting itself is thus a dynamic factor which must be considered.

The Settings of Social Group Work

Earlier explorations tended to limit the application of social group work to voluntary social agencies rendering leisure-time and recreation service. In addition, it was thought by some that group work was useful in work only with children and youth. Limitations of this kind are no longer considered valid. Just as social work as a service to people has grown, so has group work. Some agencies make larger use of the group work method than do others. Among these primary agency settings we find settlements, neighborhood houses, community centers, Young Men's Christian Associations, Young Women's Christian Associations, Boy and Girl Scouts, boys' clubs, and others. Other agencies make use of group work as one of several services. These secondary settings include adult education, religious education, child welfare services, housing, hospitals, and institutions. To a great extent the aims of the agency influence the extent to which group work has been used.

Role of the Group Worker

Bringing people together or working with groups in agency settings does not automatically create socially satisfying relationships. The presence of a worker is basic to the group

work process. Whether paid or volunteer, the group worker translates his knowledge and understanding of individuals, groups, and society into principles and skills required of all who aspire to help people. The group worker gives help by participating in the activity, program, and life of the group. He works with individuals in the group. His focus is upon their interaction with each other. His primary responsibility is to guide these processes of interaction so as to facilitate the social development of each person in the group. As this occurs the group itself becomes stronger and advances in growth toward unity.

In addition to possessing an understanding of factors which unite or divide people into social groupings, the group worker has a conscious understanding of himself which enables him to establish a particular kind of working relationship between himself and the group. Characterized by freedom, informality, and acceptance, the quality of the relationship itself releases tensions and minimizes fears so that members are enabled to seek help from the worker and the group as they need it. The worker-group relationship develops out of the planned use of insight and understanding of the group work whole, which includes the worker, the members, the group, the agency setting, and the processes created when all are seeking common ends. This ability to understand and work simultaneously with interrelated areas is the essence of the worker-group relationship. The actual establishment of the relationship, plus the way in which the worker's role is interpreted and developed, reflects one of the group worker's primary skills.

Skill in group work is the application of knowledge and principles to group activity in such ways that the individuals and groups develop in the most effective manner. The continuous application of skill by the group worker is necessary, from the point of group formation to the ultimate conclusion of the group.

Group workers have skill in helping groups form. They study and seek to understand the social development of the group to determine what point it has reached. By giving emotional acceptance to individuals they help

them become related to the group in a positive manner. Skill is needed in discovering, mobilizing, and helping groups utilize community resources. Through an understanding use of group relations the worker assists those with personal maladjustments to gain acceptance in the group. This may mean that the worker brings out unexpressed abilities possessed by the individual, or so restrains or channels aggression or hostility that the person can become accepted. Throughout this process the worker must have an awareness of what is happening to the individual, the group, and himself. His responsibility for the writing of full records of individual and group progress is increasingly recognized. When it is not possible to help the individual or to meet his needs in and through the group, referral to other agencies is the natural and logical step. Group workers are therefore expected to have skill in making referrals.

Program Development in Group Work

Individuals join groups because of wanting to be with certain people and because of wanting to do the things these people do. To the member the program may be the important reason for his being in the group. To the worker the program is a means or tool of individual and group development.

Broadly conceived, program as a concept refers to the entire range of activities, relationships, and interactions deliberately designed to foster the fulfillment of the interests and needs of the group. It is a two-dimensional concept, implying both the stream of activities and the continuous interplay of personalities which creates the activities.

The group worker gives help to the group in the development of program in line with the members' interests and needs. Program is a developmental experience rather than something superimposed. The specific methods and media of program are important only as they fulfill needs. Among the prominent media are athletics, arts, crafts, drama, music, dancing, social recreation, hobbies, public affairs, health education, and many others.

Dynamic Principles of Social Group Work

The group work process is dynamic. When people come together in groups with a professional worker, the forces capable of producing change, which are within the group, are released. As personalities interact there is a never-ceasing struggle for approval and status. Acceptance and rejection are experienced. Negative and positive behavior are displayed. Leaders emerge to carry responsibility. The energy of the group ebbs and flows. This continuous, changing process involving all group members produces alterations in the behavior responses of the members. The group worker is helped in his direction of this process by the use of several principles which have become widely recognized in recent years: (1) Groups, like the individuals who compose them, are different. They differ in capacity, need, interest, and psychological readiness to assume responsibility. Group workers must study and understand each group as a unique entity. They must individualize the group. (2) Groups are dynamic. Because they are ever changing, workers must be sensitive as to their development. Workers must start with the group where it is and work with it at a pace that is mutually acceptable. Flexibility and alertness to change are essential. (3) Groups must be accepted by the worker. He must establish a relationship based on acceptance of the group as it is, inevitably a combination of strengths and limitations. (4) Groups have a right to self-determination. They, like individuals, should be helped to make their own plans and programs. When the group has made a decision in behalf of its own program and then proceeds to carry it out, the democratic strength of the group is increased. (5) In group work, process is more important than structure. In fact, group structure must grow out of group process if it is to be sound. The substance of group work is the process of relating individuals to the group and the group to other groups. The form these relationships take is but incidental to the emotional qualities engendered. (6) Groups, like individuals and communities, need the help of professional workers in discovering, defining, and stating their need for group work service. The

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worker is a central person around and through whom individuals are enabled to effect a maximum growth-producing relationship with the group.

Current Developments and Trends

Throughout the war years there was an increased recognition and utilization of group work. The United Service Organizations, Inc., the American Red Cross, the Office of Community War Services, and various services within the military units made use of group work theory in their practice. In the local community as well, under both voluntary and governmental auspices, group work services have grown. There is reason to believe that group work will continue to grow.

The expansion of group work has brought with it a recognition of the need for a better distribution of services. The community planning aspects of group work have been a concern of the agencies which are seeking to improve the quality, range, and spread of services. The interagency approach, which began during the 1930's, accelerated during the war and promises to continue with greater emphasis during the years of reconstruction.

As the dynamics of the group work process have become clear there has been a marked awareness of the values of group experiences in the treatment of persons with physical or emotional handicaps. Group therapy, clinical group work, and therapeutic group work are sometimes used as designations for such service. It is as yet too early to tell whether this will develop as a specialty within social group work or as a separate service. Common to the various approaches is a reliance upon psychiatric aid in diagnosis and treatment formulations. Some predict the gradual development of a "psychiatric group work." The increased emphasis upon group experience as treatment has had an influence on the total field and has effected the general development of a more individualized group work, with greater use of social case work as a referral resource.

The most significant progress in group work has been made at the point of a growing professional awareness. Workers have taken

responsibility to improve their own methods and foster higher standards of service. A primary instrument in this realm is the American Association of Group Workers, established in 1946 as an outgrowth of the American Association for the Study of Group Work which was formed ten years earlier. In addition, the American Association of Social Workers in 1945 created a Committee on Group Work which has as its assignment the development of a program designed to meet the professional interests of group workers in the Association.

Professional education has received attention both from the standpoint of availability and content. The basic curriculum approved by the American Association of Schools of Social Work has for a number of years included social group work, and other schools have recognized group work as a specialization or major subject. Fifteen schools of social work plus several colleges with a non-social-work orientation constitute the Conference of Professional Schools of Recreation and Group Work. Set up in 1943 to foster closer cooperation among the schools, this Conference has enjoyed the cooperation of agencies through an Advisory Committee. Curriculum and teaching have been studied by the Conference. The Group Work Section of the Curriculum Committee of the American Association of Schools of Social Work and the Professional Education Committee of the American Association of Group Workers have produced statements dealing with curriculum content. See EDUCATION FOR SOCIAL WORK.

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SOCIAL AND HEALTH WORK IN THE SCHOOLS.¹ The responsibility of the school for the adjustment of each child has

undergone many changes through a period of growth and development in the field of education. Schools in the early history of the country, privately financed and serving only the chosen few, were limited in scope to the teaching of the "three R's." Attendance was voluntary and those children who did not adjust or were not interested in the subject matter dropped out. In such a setting the schools had little concern for the adjustment of the individual child. Over a period of years, however, there developed the conviction that a true democracy should offer free education to all children and that all children should be required to attend school for a specified period of time. By 1918 every state had enacted legislation making it mandatory for children during a certain age range (usually six or seven to sixteen years) to attend school during the full school term.

This change in the philosophy of schools brought about many developments in the total philosophy of education. It became necessary to devise content and methods which would offer a vital education to children with many different abilities and interests. Since these children were entitled to an education, it was important to learn more about their educational and social needs in order to know what types of schools and courses would be most beneficial to them.

During this period, when schools were centering interest on the individual child and his needs, psychology and psychiatry were developing methods of learning more about behavior. Tests were evolved to measure ability and learning methods. More was learned about causes of behavior and methods of helping in personal and social adjustment. Education utilized help from these sources in solving its problems and in developing new philosophies and methods.

It may safely be said that today schools in general accept the responsibility not only for

¹ This article is the work of two authors, whose names are appended. The first section was written by Miss Poole; the second part, entitled Health Work in the Schools, was prepared by Dr. Wilson.

For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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offering education but for attempting to provide a wide range of content that will be adapted to the varying needs of the majority of children. In addition, schools have considered it their responsibility to help individual children to make the most of their educational opportunities.

Education has broadened its scope to include not only the teaching of skills but teaching the ability to use those skills in a socially responsible way — the ability to live and work with others and to contribute to the democratic way of life.

This broader scope of education has brought with it numerous problems for school administrators and the public. Many parents and children have to be helped to realize the value of school attendance. During the war period, unusual employment opportunities with high salaries for youth offered strong competition to education. At the present time the lack of work for these same young people means that many are returning to school disappointed and dissatisfied. Administrators, in an attempt to meet the many problems of education for all, have seen the need for examining curricula and teaching methods. In addition they have seen the value of using specialists in various fields to help in the problem of making the work of the schools more effective.

At the present time, in spite of the advances made throughout the country in the direction of more adequate education for all children, it is recognized that gross inequalities exist in the provision made for the education of American children. The American Council on Education published in 1944 the findings of an exhaustive study regarding public school expenditures.¹ The inquiry, financed by a grant from the General Education Board, involved the collection of 17 items of information from each of 115,000 local school systems in the United States. Among other findings one of the most important was that the denial of decent educational opportunity to millions of American children and youth in the United States will continue so long as the financing of education rests almost solely on the fiscal resources of the individual states.

Attempts to equalize educational opportunities in the different states through federal aid-to-education legislation have had much recent consideration. The Senate Committee on Education and Labor of the 79th Congress recommended the passage of Senate Bill 181, the purpose of which was to promote the equalization of educational opportunity through federal aid allotted to those states which, after making reasonable effort to provide good schools, are still unable, because of lack of ability, to finance a minimum satisfactory standard or level of public school education.¹

School Attendance

One of the factors that helped to point out most vividly the need for specialized service came from the attempt to enforce school attendance legislation. Although laws were passed designed to insure an education for every child, the enforcement of these laws met with opposition on the part of some parents, children, and employers. The schools recognized early that if the laws were to be effective, it would be necessary to employ law-enforcing agents. As a result the majority of states employed attendance officers. Qualifications for this position varied widely as did the responsibility assumed by the officers. Some schools set up separate departments charged with the duty of enumeration of children, enforcement of attendance laws, and issuance of employment certificates. In some states, responsibility for attendance work was allocated to other departments or left entirely to local communities. During the 1920's and 1930's the passage of laws by state legislators apportioning financial aid to schools on the basis of average daily attendance gave impetus to the establishment of effective attendance service in the schools.

The philosophy of enforcing school attendance and the methods used vary in different communities but have shown a definite trend toward a more comprehensive service. Most state laws provide for prosecution of parents who refuse to send their children to school. Some laws provide for prosecution of

¹ The Bill was not brought to a vote in the 79th Congress.

¹ See Norton, *infra*.

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employers who employ children of school age during school hours. It is evident in practice, however, that methods prescribed by law do not alone solve the problem of nonattendance, and that consideration must be given to other problems.

Many cities and communities have recognized that financial need, health, emotional problems, cultural patterns, and many social difficulties may enter into the ability of people to comply with the attendance law. Many schools now consider truancy a symptom of behavior rather than a mere violation of law. In attempting to carry out the philosophy of education the schools assume a responsibility for trying to find causes and remedies for the problem of truancy which will affect not only attendance at school but the value that children will get from school attendance. In line with this policy, many states are revising the qualifications required of those persons who have responsibility for enforcing school attendance laws, and many are requiring social work training in addition to orientation in education.

The National League to Promote School Attendance is active in working for higher standards in attendance service. Attendance workers have recognized, in common with other school personnel, the necessity of help from other fields—medicine, psychology, psychiatry, and social work—to make their work more effective.

Psychological Service

Psychological testing of children has been invaluable in helping to plan courses that will be in keeping with the abilities of individual children. Many boards of education now employ psychologists to assist teachers in this way. Psychologists administer intelligence tests which help to indicate the intellectual capacity of the child. They supplement these with educational achievement tests, diagnostic tests, and aptitude and interest tests, to assist the teacher in her work with individual children. Some school systems have a separate psychological department for testing and remedial work. Others employ one psychologist who does some testing and supervises other

testing done by teachers. Some employ a psychologist as one member of a child guidance clinic to work with the psychiatrist, school doctor, and social worker in helping with the adjustment of children who present specific problems. This professional service offered by the psychologist is helpful in planning of courses, the adjusting of educational problems, and in vocational and personal guidance in the schools. *See PSYCHOLOGICAL TESTING IN SOCIAL WELFARE.*

Vocational Guidance

Vocational guidance, which started in 1908 in high schools, has stressed the importance of relating academic courses to the students' vocational interests and aptitudes. A recent analysis of the job of counselor in the senior high school in Minneapolis shows that the work of these specialists is varied. The following duties are outlined: teaching one or two classes, along with home room duties; supervising orientation of new pupils and assignment of students to sections and remedial classes; advising pupils regarding choice of electives during their period in high school, transfer to vocational school, and planning and further training; supervising the testing program in the building; checking credits for high school graduation and university entrance; interviewing and counseling students who are failing in school and those planning to withdraw; handling employment; and conferring with teachers in regard to pupils who present particular problems.

The recognition during the war of the relationship between curriculum and training has focused attention on the importance of this type of work in schools. The great demand for counselors in the armed services and for service to veterans depleted to some extent the trained personnel available in the schools during the war years. *See GUIDANCE AND COUNSELING.*

Psychiatric Service

Psychiatrists are used by the schools in many different ways to assist children in gaining the maximum benefit from education. The school psychiatrist, like the school doctor, is used to

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detect and diagnose those difficulties which may interfere with a child's progress in school. The psychiatrist deals primarily with emotional problems and utilizes the help of the doctor, psychologist, social worker, and other school personnel to assist him in his work with the child. In some cities the psychiatrist works as part of a child guidance clinic maintained by the board of education. In other cities he may be part of the medical department. Some cities have found that the school psychiatrists make a valuable contribution to the understanding of problems of children when used in a consultant capacity by teachers and other school personnel.

There is some difference of opinion as to the kind of psychiatric service which should be given by the school psychiatrist. Some schools assume responsibility for identifying problems and determining need for psychiatric treatment. Others offer treatment, and the school psychiatrist sees parents and children over a period of time. Many schools use private community psychiatric agencies for this type of treatment. *See* MENTAL HYGIENE.

School Social Work

The emphasis on the part of the schools in attempting to make education beneficial to all children has resulted in the provision and use of school social workers, formerly called visiting teachers. Health services had long assisted in eliminating some of the problems of pupil adjustment and psychological programs had succeeded in helping to recommend courses adapted to the ability of the child. However, there still were many children who presented difficulties in school which seriously interfered with their learning and their social adjustment, and often their problems were found to be rooted in the home and community. Gradually the importance of having someone in the school system who could work with the home and community as well as with the school was recognized.

Visiting teacher work developed in 1906 and 1907 in Boston, New York City, and Hartford. These first school social workers were financed by a women's group in Boston, two settlement houses in New York City, and

a psychological clinic in Hartford. The board of education in Rochester, N.Y., was the first board to employ and finance a visiting teacher (in 1914). It granted sabbatical leave to a school principal to study at a school of social work to prepare herself for this position. The work of this first visiting teacher gave impetus to the development of a department of visiting teacher work in the Rochester schools in 1920.

One of the greatest periods of expansion of school social work began in 1921 when the National Committee for Visiting Teachers, affiliated with the Public Education Association, received financial support from the Commonwealth Fund for the inauguration of a country-wide demonstration of visiting teacher work. Thirty communities distributed widely throughout the country, including both urban and rural areas, were chosen for the demonstration. A visiting teacher was assigned to each community with the proviso that the local community would share in payment of salary and if the service seemed valuable would take it over at the end of the demonstration period. In June, 1930, when the Fund withdrew its support, 21 of the original centers continued the work. During the demonstration period many other cities incorporated visiting teacher service in their school systems, and by 1930 there were 244 workers assigned in communities representing 31 states. During this time, and until recently when the work was taken over by the public schools, the White Williams Foundation made a contribution in training workers and developing philosophy and standards which was of value to schools throughout the country.

During the depression of the 1930's school social work, in common with many other phases of education, was retarded by curtailment due to financial problems. However, during recent years there has been a rapid expansion in the movement. School social work has become an integral part of many school systems throughout the country and has been adopted on a state-wide basis by many states. During the past three or four years Georgia, Louisiana, Michigan, Virginia, and Washington have set up state-wide plans for the ini-

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tiation of this service. In Michigan within the space of one year about 100 school social workers were employed. In September, 1945, by the opening of the school year, Virginia had employed about 70. Legislation enacted in Georgia in 1945 facilitates the employment of visiting teachers, of whom there are now 150 employed full-time in that state. The new law in Louisiana states that a visiting teacher shall be employed for each parish. In a survey made in 1944 by the United States Office of Education of 1,100 cities of 10,000 or more population, returns from 748 showed 266 cities as employing approximately 1,000 full-time school social workers, while 102 cities indicated that some school social work was being carried on by other school personnel. Of those cities reporting no service, several expected to employ one or more school social workers the following year.

This recent expansion in the employment of school social workers seems to have been brought about by several needs recognized by the schools. The changing philosophy of the schools, previously discussed, which emphasized the need for providing more effective education of all children, is becoming more widely accepted by all schools. Some communities sought this service during the war because of the many problems found in the schools in war-production areas in which there had been a great influx of people of varied educational, social, cultural, and economic background. One important factor in the growth of the movement has been the action on the part of southern states, particularly, in regard to enforcement of compulsory attendance laws and increasing the compulsory school age. Another factor has been the increase in the problem of juvenile delinquency. See JUVENILE BEHAVIOR PROBLEMS. Schools have considered it important to work with other community leaders in an attempt to decrease the difficulties now presented by youth. The school social worker, working with children, parents, community, and school, is considered one agency of service which may help to prevent some youth problems. The United States Office of Education, the United States Children's Bureau, the National Association

of School Social Workers, and many schools of social work are receiving numerous appeals for aid from educators, many of whom believe that present disturbed conditions in family and community life make social services a necessity for school populations.

The National Association of School Social Workers (formerly the American Association of Visiting Teachers, organized in 1919) is the professional organization in the field, having a membership of approximately 250 qualified case workers active in schools throughout the country. The Association has assumed leadership in promoting professional standards and developing an understanding of school social work. It publishes the *School Social Workers Bulletin* (*infra*) containing articles about school social work service, and has conducted surveys and studies which attempt to develop sound policy and effective practice.

Qualifications, responsibilities, and salaries for school social workers vary widely. It is hoped that during the next few years there will be developed more uniformity in these areas. During 1945 a committee composed of school administrators, state commissioners of education, representatives of schools of education and schools of social work, and school social workers has met under the sponsorship of the United States Office of Education to set up suggested qualifications for certification of school social workers.¹ In general, some training in education and in social work is considered essential for this work. Full graduate training in an accredited school of social work, plus case work experience in a child guidance clinic or a recognized child or family agency, plus knowledge of and background in education and school organization, are considered the desirable training for the success of a school social worker. Salaries paid should be commensurate with those of such other personnel in the school system as are credited with graduate work and specialized experience.

Through the use of social case work the school social worker helps children who are

¹ See Cook, *Visiting Teacher Services* (*infra*).

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having difficulties. Her work with the child is directed toward helping him to attain maximum value from his school experience. She works with children who fail to make good use of school through failure in school subjects, withdrawn or socially undesirable behavior, truancy, or lack of physical energy due to illness or neglect. Children are referred for this service by teachers, principals, and other school personnel who recognize the need of specialized work with these children.

The school social worker attempts to locate the causes of difficulty and to discover and apply means of remedying them. This involves work with the child having the difficulty and with the teacher, principal, psychologist, doctor, and other school personnel who can assist in gaining a better understanding of the child and in helping in methods of correcting his difficulties.

Work with parents of children who are presenting school problems is an important part of school social work service. The worker sees parents in the school and in their homes. She attempts to help them to understand the problems of the child in school and works with them in developing ways of solving these problems. In her work with both the school and the home she is able to interpret the school to parents and the homes to the school. By helping to develop a mutual understanding she assists in making the work of the school more effective.

The school social worker also works with community social agencies and acts as a liaison between the school and those agencies. Her training equips her to understand the work of social agencies and to use their services efficiently to help the work of the school. The worker may refer parents and children to agencies for assistance which the school does not offer. She gets reports from agencies that are working with families, to help the school better to understand how to work with children in those families.

School social workers have also been used by the schools to work with teacher groups and parent groups in interpreting to them the dynamics of human behavior and to give them a realization of the opportunity afforded for

preventive work, through referral of children with incipient problems evidenced by their behavior in the classroom. Some cities have established special study groups led by the school social worker, in which school personnel and representatives of agencies discuss particular problems and work out plans whereby services to children may be integrated.

The organization and administration of the special services discussed in this article are varied. The qualifications and skills required in practice are specialized and differ from those of the administrator of educational services. There is a growing trend toward the integration of special services under one administrator and toward clarifying relationships with community agencies.

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Present-day school health programs are quite different from those of a decade or two past. Changes have occurred gradually and are still taking place, rapidly in some communities and slowly in others. It is impossible to describe a typical program because of extreme variations in available personnel, and because various schools use different methods to attain a desired goal. However, there is general agreement on what schools can and should do to protect and improve the health of children and that of the communities they serve.

The extensively used and widely accepted 1942 year book of the American Association of School Administrators, *Health in Schools* (*infra*), outlines six basic aspects of school health programs as follows:

A healthful environment must be provided.

A health guidance program is essential.

Emergency health conditions demand immediate care.

Accurate health information should be taught.

Sound health habits and attitudes need to be established.

The exceptional child requires a modified school program.

A school with a modern, complete health program has the organization, staff, and program to meet these responsibilities.

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A statement of policies to be used as a guide in organizing or evaluating a school health program was prepared and published in 1945 by the National Committee on School Health Policies under the title *Suggested School Health Policies (infra)*. The statement represents the consensus of representatives from 15 national organizations concerned with health and education. The scope of the school health program as presented in this report is comparable to that outlined in *Health in Schools*.

The school health program requires the coordinated efforts of school administrators, teachers, physicians, nurses, psychologists, social workers, custodians, and all other members of school staffs. Rather than a program to be carried on solely by the doctor, nurse, and other health specialists, the modern program infiltrates all school activities and all parts of the curriculum. There is need for specialists, but their work must be coordinated with that of other members of the school staff. There is need for leadership: for one individual who can visualize the entire program and integrate the activities of all members of the school staff.

During recent years there has developed a realization that the health of school children can best be protected and improved when school health efforts are coordinated with those of parents as well as of health departments and other community health and welfare agencies. This realization has led to the recommendation that each school organize a school health committee and that each community develop a community school health council. Organization of such committees and councils permits group attacks on health problems and helps to prevent undesirable duplication of efforts.

Health Protection

In addition to the obvious need of protecting pupils from contagious disease, it is necessary to protect them from unsafe and unhealthy building conditions; from unhealthy, unadjusted, and unhappy teachers; from programs that are too fatiguing or that cause persistent failure and discouragement. Appropriate procedures should be planned to

prevent accidents and to provide emergency care for injured and sick pupils.

The most effective means of preventing contagious diseases in children is the widespread use of preventive inoculations. Smallpox, diphtheria, tetanus, and whooping cough are diseases which may be prevented in this manner. Treatments to prevent these diseases are most valuable when administered in infancy, but when not given at that time they should be given when a child enters school. In many communities health departments provide preventive treatments for those unable to avail themselves of the services of a private physician.

The next most effective control measure is to have sick children kept at home by their parents. In recent years many schools and health departments have conducted educational programs to inform parents of their responsibility for seeing that only well children are sent to school. This represents real progress over the attitude of a few years ago, when children were urged to have perfect attendance records.

In most schools the teacher plays an important role in preventing the spread of contagious diseases at school. She observes her pupils throughout the day and isolates any individual who does not seem well. The isolated pupil may be inspected by a nurse or physician, or the parent may be requested to call at the school and take the child home. Teachers or nurses inspect pupils returning to school following sickness; and readmission is granted according to policies and regulations of the school health staff and the local department of health.

Tuberculosis, still an important health problem, is most likely to occur among students in the last two years of high school, and among teachers. As an aid to the early diagnosis of this serious condition, many schools provide tuberculin tests, and X-rays for those with positive reactions. See TUBERCULOSIS.

Even before World War II, many school buildings did not come up to modern standards of safety and sanitation; and now conditions are worse. Most recently constructed buildings are safe and sanitary, but the lack

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of new construction during the period of the war has resulted in the continued use of many antiquated, dilapidated, unattractive buildings. The water supply in many rural school buildings is inadequate or of questionable purity, and sewage disposal is not modern and safe. Problems of lighting and heating are found in some schools, while others may have inadequate or unsanitary kitchen and cafeteria equipment. The years immediately ahead should see considerable progress in modernizing school buildings and providing them with adequate sanitary equipment.

Progress in protecting and improving the health of teachers has been slow. A number of schools require pre-employment examinations and some require re-examinations periodically, but the majority of schools have given little attention to this matter. The problem involves consideration of teaching loads, salary schedules, methods of supervision, sick-leave, tenure, and retirement provisions.

Protection of pupils from undue fatigue and from repeated failure and resultant discouragement has been one outcome of increased interest in the needs of individual children. Increased attention is being given to the adjustment of programs to the physical, mental, and emotional characteristics and needs of pupils, the need for adjustments being determined by medical and psychological examinations.

War conditions made many schools "first-aid" conscious. In many instances this resulted in the formulation of policies to govern the emergency care of those who become injured or suddenly sick while at school. Large numbers of teachers became proficient in first aid; they also became aware of the need for safety measures and safety education.

Health Appraisal and Counseling

Medical examinations of school children were begun as a means of identifying pupils who had contagious diseases; later they were considered a means of discovering defects; still later they were used to determine the fitness of pupils to engage in vigorous physical activities. Present-day opinion regards medical examination as one of a number of procedures which appraise the health of pupils. Knowl-

edge of the health status of pupils enables the school to adapt its program, whenever necessary, to the limitations and disabilities of pupils, and to counsel pupils so that they may receive appropriate treatment for remediable conditions. The latter activity necessitates that school personnel visualize appraisal procedures as aids in health counseling, rather than as ends in themselves.

A number of states have laws requiring medical examinations and a few have laws relating to the testing of vision or hearing. Within the past two years the Pennsylvania Legislature enacted a school health law providing for the periodic medical examination of school children. In most states, however, health appraisal and counseling procedures have been developed without the aid of specific legislation. The trend appears to be toward having more thorough medical examinations every two or three years rather than hurried annual examinations, and to supplement medical examinations with other procedures of appraisal.

Teachers' observations are recognized widely as valuable aids in appraising pupils' health, particularly when teachers have been prepared for this work. Teachers often give vision and hearing tests under the general direction and supervision of a physician or nurse, and also appraise the growth of pupils through periodically measuring height and weight.

In order that health appraisal procedures shall result in more than the identification and tabulation of health defects and problems, two things need to be done. First, the health needs and problems revealed by various procedures must be interpreted to teachers, pupils, and parents. In other words, there must be a counseling program carried on by a school nurse, a health counselor, or health educator. Second, there must be close coordination of the school health appraisal and counseling program and community facilities for medical and dental treatment and other corrective measures. Only where the latter condition prevails, and where community resources are adequate, is the health of school children improved to the greatest possible extent.

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Cumulative health records are essential in the program of health appraisal and counseling. Usually these are developed by local communities, but the states of Washington and Connecticut recently have devised health records for state-wide use.

There is growing emphasis on the educational value of health appraisal and counseling procedures. These are considered experiences which significantly influence the health knowledge of pupils as well as their attitudes toward health and health practices. Counseling is recognized as an individualized form of health education.

Because of the significant role of physicians in programs of health appraisal and counseling, attention is called to the report of the Committee on Professional Education of the American Public Health Association on the educational qualifications of school physicians, *infra*. This visualizes the school physician of the future as an individual with special preparation in pediatrics or internal medicine, supplemented by postgraduate work in public health and education.

Health Education

Health education has been an integral part of school curricula for many years and is closely related to the fundamental objectives of school programs. As long ago as 1918 a committee of the National Education Association listed health as one of seven main objectives of education. Under a discussion of "self-realization" the Educational Policies Commission in its 1938 report on *The Purposes of Education in American Democracy* expressed the view that "An educated person knows the basic facts concerning health and disease . . . works to improve his own health and that of his dependents . . . and works to improve community health."

Despite these philosophical statements emphasizing the importance of health and health education, progress in developing programs to make practice coincide with theory has been spotty. Some communities have well-planned and well-taught programs; others give little attention to health education. Progress can

be noted, however, particularly since the onset of the recent war.

Numerous state departments of education, frequently with the help of state departments of health, have prepared and distributed outlines or guides for health education. Among the more recent materials of this nature are those of Florida, Kansas, New York, Oregon, and Pennsylvania.

New York has made outstanding progress in the development of health education in secondary schools. A regulation of the Board of Regents requires that "The secondary school curriculum shall include health teaching as a constant for all pupils. . . . In addition to continued health guidance in the senior high school, provision shall also be made for an approved course or courses in health teaching carrying one unit of credit. Health teaching shall be required of all pupils in the junior and senior high school grades and shall be taught by teachers with approved preparation." The New York State Department of Education also has established certification requirements for health educators.

Nutrition and School Feeding

The provision of lunches at school is not a new procedure, but during the war there was a rapid increase and extension of this aspect of school health programs. For many years urban high schools have had cafeterias, and many rural schools made arrangements for children to eat at school. During the war, however, the number of children eating at school increased because large numbers of mothers were employed and therefore unable to prepare lunches.

Definite improvement in the health of children has been reported by those schools in which appropriate lunch programs were developed. In addition, these schools have recognized that the school lunch period is an excellent laboratory for teaching purposes. Pupils learn about different foods and their nutritional values, and they also learn social customs. The educational values of school lunches may be as great as their health values.

Provision of free or low-cost lunches to school children was extended in March, 1946,

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through passage of the National School Lunch Act. The program is administered by the Food Distribution Programs Branch, Production and Marketing Administration, Department of Agriculture. The federal government first became active in school lunch programs during the 1930's, largely in an effort to make constructive use of accumulating agricultural surpluses. Participating local projects were under the sponsorship of various types of local agencies: educational or welfare authorities, civic groups, or even private individuals. The program was continued throughout the war years until, in March, 1945, more than 6,500,000 children in 43,590 schools were participating.

The National School Lunch Act declares that it is the policy of Congress "to safeguard the health and well-being of the nation's children and to encourage the domestic consumption of nutritious agricultural commodities and other food, by assisting the states, through grants-in-aid and other means, in providing an adequate supply of foods and other facilities for the establishment, maintenance, operation, and expansion of nonprofit school lunch programs."

Funds appropriated to implement the National School Lunch Act will be allocated to state educational agencies with the requirement that the state match federal grants with funds from sources within the state. During the fiscal years 1947¹-1950 the matching will be dollar for dollar; during the years 1951-1955, \$1.00 of federal funds for \$1.50 of state funds; and thereafter, \$1.00 for \$3.00. Adjustments in this formula may be made in favor of the poorer states.

School lunch programs set up under the Act must meet specified requirements. Lunches must meet minimum nutrition standards as prescribed by the Secretary of Agriculture. Meals must be served without cost or at reduced cost to those unable to pay the full cost, and there must be no segregation of any child because of his inability to pay. The school lunch programs must be operated on a nonprofit basis.

The United States Department of Agriculture estimates that during the first year under the provisions of the Act, 10,000,000 children in 50,000 schools will participate in the program.

Education of the Handicapped

Programs for the education of mentally and physically handicapped children have grown rapidly in recent years, reflecting an increased consciousness of education officials and of the general public of the special needs of handicapped individuals. In approximately 25 states, local communities receive special financial aid for the organization and operation of special programs for handicapped children. Maine, Oklahoma, and Texas have recently developed new state-wide programs, and the previous efforts of California, Illinois, Iowa, and Ohio have been greatly expanded.

At times the education of handicapped pupils requires that they be enrolled in special classes, but in recent years emphasis has been placed on caring for handicapped pupils by adapting the programs of regular classes. Where special classes are necessary, segregation should not be complete; handicapped pupils should have some association with nonhandicapped pupils. Placement requires careful study of the individual pupil.

Physical Education

The growth of physical education, one of the newer areas of school curricula, has been tremendous during the past twenty to thirty years. At the present time almost every school in the country provides some physical activities for pupils. Programs are both educational and recreational. They utilize recess periods, special periods during the school day, and after-school sessions. In general, physical education includes (a) class periods devoted to instruction in various games, sports, and athletic events, (b) recess and after-school intramural play, and (c) interscholastic contests. The latter usually are limited to senior high school boys.

Changes in the physical education programs of schools reflect changing points of view regarding the purposes of the activities. Several

¹ July 1, 1946, through June 30, 1947.

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decades ago physical activities were encouraged as a means of improving posture, preventing fatigue, and helping pupils develop strength and endurance. This was followed by realization that the development of excessive muscles did not necessarily lead to improved health or better living, and that perhaps the greatest values from physical activities lay in the social and recreational outcomes. Consequently most programs came to emphasize activities which could be used for leisure-time enjoyment. The war saw a temporary shift back to formal exercises for "toughening purposes," but the end of the war was followed by a discarding of obstacle courses and other devices used for wartime programs. It now appears that most programs will again emphasize recreational activities.

The need for community programs of recreation and for the coordination of school physical education with such programs is becoming clear. The recreational facilities of a community include not only school gymnasiums, playrooms, and fields, but parks and playgrounds and the play facilities of private organizations. There is need for full utilization of all facilities for all individuals, and there is need for year-round programs. It is likely that the future will see closer relationships between school programs of physical education and the recreation programs of other community groups. See RECREATION.

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FLORENCE POOLE
CHARLES C. WILSON

SOCIAL HYGIENE,¹ in its broadest sense, is concerned with the consequences of sexual behavior as they affect society, and with the influence of sexual conduct upon the health, happiness, and social adjustment of the individual and the family.

The unit of sexual behavior obviously is that of the individual, and this may be regarded as a net product of biological, cultural, and emotional influences. Individual emotional maladjustment, the birth of children out of wedlock, divorce, and venereal disease are among the conspicuous consequences of socially faulty sexual behavior or adjustment.

There are several methods by which society seeks to impose upon the individual socially approved sexual conduct. These include:

Legal measures, such as laws against prostitution, and laws intended to restrict or prohibit sexual relations outside of marriage.

Religious and moral codes and sanctions.

Appeals to fear of disease, to fear of pregnancy outside of marriage, and to fear of social disapproval.

Education as to the importance to the individual, to the family, and to society of appropriate sexual adjustment and behavior, and as to the importance of the correction of emotional, social, and economic causes of inappropriate behavior.

Social hygiene, therefore, includes problems and activities in the fields of law enforcement, religion, education, and public health including both mental hygiene and venereal disease control.

Venereal disease is a problem of social hygiene only by virtue of the pure accident of biology wherein a group of pathogenic organisms find their most favorable habitat in the urino-genital system of the human species, and thus cause a group of diseases transmitted almost exclusively by intimate physical contact, particularly sexual contact.

Despite the entirely coincidental relationship of venereal disease to sexual behavior, syphilis and gonorrhea nevertheless have very nearly monopolized the attention and efforts of social hygiene workers, and in the public mind social hygiene has been almost synonymous with anti-venereal disease activity.

Because of the prostitute's statistically large chance of acquiring and spreading venereal disease infections, prostitution has received a large share of the attention of social hygiene workers in their anti-venereal disease activity. During World War II, however, professional prostitutes were revealed as involved in only a small proportion of all new venereal disease infections, and men and women who participated in casual and transient nonmarital sexual relations acquired and spread the great bulk of all new infections. Thus, questions of sexual morality and sexual promiscuity enter prominently into discussions of venereal disease control.

¹For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

Venereal Disease Control

There are three basic means by which venereal disease can be controlled:

By finding and treating infected persons, thereby eliminating the sources of new infections.

By reducing the number of uninfected persons who become exposed: (a) by persuading uninfected persons not to expose themselves, and (b) by influencing infected persons not to infect others.

By reducing the number of new infections resulting from whatever exposures occur.

Venereal disease control, in itself, is regarded by many as basically a public health problem, which, in theory at least, should be amenable to the application of the fundamental principles employed in the public health control of other communicable diseases—the prevention of new infections by eliminating their sources through finding and treating existing infections. This is the first of the three methods listed above, and it constitutes the principal public health method of venereal disease control.

The second control method, that of reducing the number of uninfected persons who become exposed, poses a number of long-range problems in the fields of sociology, psychology, education, morals, and other realms which are outside the professional skills and jurisdiction of health officers. Nevertheless, there is evidence that some indiscriminate sexual behavior leading to venereal disease infections is the result of emotional immaturity or maladjustment, and that mental hygiene and psychiatry may provide a useful medical approach to this problem. The Venereal Disease Division and the Mental Hygiene Division of the United States Public Health Service have been jointly concerned with this approach to the problem. The few studies that have been conducted are probably of greater significance to the broader interests of social hygiene than to the more restricted problems of venereal disease control. Progress in this direction is embryonic in so far as venereal disease control is concerned today, and a great deal of research will be necessary before any techniques applicable on a

scale wide enough to influence the incidence of venereal disease may be expected. When the problems of venereal disease control are viewed before the background of the history of civilization, it seems obvious that halving or even quartering the extent of so-called sexual promiscuity will not, by itself, control venereal disease. The often repeated statement that "venereal disease is more than just a medical problem" can be stated conversely: "venereal disease is more than just a morality problem"—so long as the spirochete and the gonococcus remain.

Nevertheless, venereal disease control will benefit in a lower rate of infection to whatever extent the educational system, churches, welfare agencies, and other groups concerned with the environmental and biological influences which determine the sexual conduct of the masses succeed in reducing promiscuous sexual behavior. Furthermore, it is a public health responsibility to inform the public of the danger of contracting venereal disease from casual and transient sexual relations.

The third means of controlling venereal disease—by reducing the number of new infections resulting from whatever exposures occur—constitutes the objective of prophylaxis, a method that has proved to be of great value in the armed services where the habits and actions of large numbers of people can be influenced directly. However, the use of prophylaxis among the general population on a scale likely to reduce the incidence of syphilis and gonorrhea to a status approaching what could be called control would be, for all practical purposes, impossible.

Mortality and Morbidity Rates

During the ten years from 1936 to 1946, very great progress in venereal disease control has been made in the United States as a result of planning, effort, and persistence on the part of all groups concerned with social hygiene. Most significant is the fact that the estimated number of new cases of syphilis occurring per year was cut in two during this period. The estimated number of new cases of syphilis in 1936 was half a million, in 1946 a quarter of a million.

Social Hygiene

The number of deaths due to all forms of syphilis declined steadily from 15 deaths per 100,000 population in 1939 to a new low estimated at 10.7 deaths per 100,000 population for 1945. The percentage of infant deaths due to syphilis was reduced by more than one-half—from 57 deaths per 100,000 live births in 1939 to 25 per 100,000 in 1943.

As reflected both in admissions to institutions and in recorded deaths, there was a steady decline in the incidence of late forms of neurosyphilis. In 1920 the national paresis death rate was 6.3 per 100,000 population. By 1943 this had been reduced by nearly half, to 3.5 per 100,000. The *tabes dorsalis* death rate per 100,000, which was 2.1 in 1920, had dropped dramatically to 0.6 per 100,000 in 1943.

These declining morbidity and mortality rates are particularly encouraging when it is realized that they were achieved despite the prolonged disruptive influence of a great war. Credit for the fact that increases in the incidence of syphilis were prevented during the war, and that actual decreases in the attack rate were achieved in some areas, is shared by the armed forces, state and local health departments, the civilian medical profession, the United States Public Health Service, the Social Protection Division of the Federal Security Agency, the American Social Hygiene Association, and many other cooperating groups throughout the country.

Premarital and Prenatal Examination Laws

The American Social Hygiene Association actively supports national and local programs to control venereal disease and to further other social hygiene objectives.

One of the most important activities of the Association is encouragement of state legislation requiring premarital and prenatal venereal disease examinations. Primarily through the efforts of the national Association and state and local affiliated social hygiene groups, 36 states and Hawaii, by 1946, had laws intended to protect marriages from syphilis, and 35 states and Hawaii had laws requiring prenatal blood tests for syphilis.

Of the jurisdictions having premarital laws,

32 states and Hawaii required blood tests for syphilis of both bride and groom before issuing marriage license. These states were California, Colorado, Connecticut, Florida, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Michigan, Missouri, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Virginia, West Virginia, Wisconsin, and Wyoming. Three states—Alabama, Louisiana, and Texas—required an examination by a physician for venereal diseases or a medical certificate showing freedom from such diseases, usually of grooms only. One state—Delaware—prohibited marriage of persons infected with venereal diseases, or required personal affidavit of freedom from such diseases but specified no examination. The 12 remaining states and the District of Columbia granted marriage licenses without regard to possible venereal disease infection.

Prenatal blood tests for syphilis were required in Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Vermont, Washington, West Virginia, Wyoming, and Hawaii. The other 13 states and the District of Columbia did not require prenatal blood tests for syphilis.

The importance of state premarital and prenatal laws as a health measure is indicated by estimates for 1946 which show that under these laws more than 2,500,000 persons during the fiscal year were tested, among whom were 96,000 persons with positive blood serologic test results. In 34 states with premarital laws, 1,689,000 blood tests were made of which 83,000 were positive; and in the 35 states with prenatal laws, 957,000 tests were made of which 13,000 were positive.

Rapid Treatment Facilities

Much of the progress in the control of vene-

real disease has been made possible by development and widespread application of new, rapid methods for treating syphilis and gonorrhea. Intensive in-patient treatment of syphilis, employing penicillin in combination with arsenic and bismuth, makes it possible to complete treatment of early syphilis within two weeks. Methods were developed whereby the physician in his own office or in a clinic could complete treatment of gonorrhea in a few minutes to a few hours. By 1946 the United States Public Health Service had approved 52 projects in 38 states, the District of Columbia, and the Virgin Islands for the intensive treatment of syphilis. These projects included venereal disease hospitals or hospital wings or wards with complete intensive treatment facilities, and bed-rental projects providing in-patient care for venereal disease patients on a state-wide basis. During the fiscal year ended June 30, 1946, 176,000 patients were admitted to rapid treatment centers. Of these, 68 per cent were admitted for the treatment of syphilis, 18 per cent for treatment of gonorrhea, and less than 2 per cent for treatment of other venereal diseases and 12.5 per cent for post-treatment observation or diagnostic purposes.

The importance of rapid treatment facilities in venereal disease control may be seen by comparing these figures with the total number of cases of syphilis and gonorrhea reported for the fiscal year, namely, 364,000 cases of syphilis and 359,000 cases of gonorrhea. The 3,324 clinics receiving federal, state, and local financial assistance admitted 254,000 syphilis patients and 237,000 gonorrhea patients.

For the fiscal year a total of \$17,240,000 was appropriated for venereal disease control. Of this total, \$5,647,000 was limited by Congress for expenditures in connection with rapid treatment centers and other venereal disease in-patient care. Of the remainder, \$8,756,876 was allocated to states, leaving \$2,836,124 for administration of the program, research activities, demonstrations, and for the assignment of personnel to state and local health departments.

Case Finding

The ultimate value of rapid, intensive meth-

ods of treating venereal disease depends upon rapid, intensive case finding. During recent years, unprecedented mass case-finding devices have been employed. The greatest case-finding project in history was the cooperative program of the Selective Service System, the United States Public Health Service, and state and local health departments, in which 728,000 Selective Service registrants with evidence of syphilis were discovered as a result of physical examinations. Of these, approximately 273,000 were available for military service after follow-up and treatment.

As the armed services released personnel, all separatees were given blood tests and physical examinations to detect venereal disease infections. The armed forces and the United States Public Health Service, in cooperation with state and local health departments, arranged for the referral of all separatees with positive or doubtful blood to private physicians, rapid treatment centers, or health departments for further diagnosis and treatment if necessary.

In 1945 a series of community-wide demonstration case-finding programs were begun. By mid-1946, six forty-five-day public education case-finding programs had been conducted in New Orleans, Birmingham, Columbia (S.C.), Savannah, Oklahoma City, and Columbus (Ga.). About half a million persons received blood tests or physical examinations in these demonstration programs, and about 33,000 new cases of venereal disease were discovered.

Some combination of mass case finding and tracing of contacts of infected persons, so that all existing infections can be brought to treatment, offers the principal hope of control of syphilis and gonorrhea. But even if the last case of syphilis and the last case of gonorrhea were to be found and brought to treatment, the principal problem of social hygiene would remain unsolved—the healthy civilization of the sexual instinct to fulfill the optimum needs of the individual, the family, and society.

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SOCIAL INSURANCE is any system of insurance operated or induced by governmental action to provide protection against economic risks which are so serious in their effects as to be considered of social importance. Usually the government operates the system, but sometimes it merely induces its establishment by imposing sanctions or providing subsidies, the actual insurance protection being provided sometimes by private insurance companies and sometimes by organized groups such as mutual nonprofit organizations. Social insurance is usually financed through contributions (sometimes called premiums) paid either by or on behalf of the persons receiving the benefits.

As contrasted with social insurance, there are also provisions which in this country are known as public assistance but in some other nations are coming to be called social assistance. See PUBLIC ASSISTANCE. Under both social insurance and social assistance, benefits are paid as a matter of right to persons who meet the terms of eligibility. Social assistance is usually financed out of general tax revenues instead of specific contributions paid by or on behalf of the beneficiaries. The benefits under social assistance are usually paid on the basis of the demonstrated need of the individual, whereas benefits under social insurance are paid in accordance with a predetermined schedule not governed by the need of the beneficiary but usually related to his past wages. However, the distinction between social insurance and social assistance is not absolute. In some countries a social insurance system

¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

may include a means test, or something very closely approaching it, while in others, social assistance may provide for benefits according to a schedule not related to individual need. The International Labor Office has suggested that it might be helpful to consider social assistance and social insurance as tendencies, and states that "Social assistance is a progression from poor relief in the direction of social insurance, while social insurance is a progression from private insurance in the direction of social assistance."¹

Social Insurance Systems Now in Effect

The first of the modern social insurance systems introduced into this country was what has come to be known as workmen's compensation, providing benefits in case of work-connected accidents and sometimes in the case of occupational diseases. The first effective workmen's compensation law was the United States Employees Compensation Act (covering employes of the United States Government) enacted in 1908. Today all states except one—Mississippi—have workmen's compensation laws. *See* Workmen's Compensation in LABOR STANDARDS.

The passage of the federal Social Security Act in 1935 provided for the establishment of two other social insurance systems. One of these, unemployment insurance or compensation, is now in effect in all of the states and territories. *See* UNEMPLOYMENT COMPENSATION. The other was set up as a system of old age insurance, but as a result of amendments made in 1939 now includes survivors' insurance as well. *See* OLD AGE AND SURVIVORS' INSURANCE. In addition, a separate federal old age retirement system and a federal unemployment insurance system covering railroad workers are in force.

Social insurance to provide protection against the hazards of nonindustrial accidents and ill health is practically nonexistent in this country today. In 1798 a system of medical and hospital care for merchant seamen was set up by the federal government and financed by monthly contributions paid by the seamen.

This system has continued in effect down to the present time, although it is now financed out of general revenues; and the original marine hospital service which it provided has evolved into the United States Public Health Service. *See* PUBLIC HEALTH. Two states—California and Rhode Island—have enacted a law providing cash benefits to employes suffering wage loss due to nonindustrial accidents or diseases.

Social insurance in the United States has two rather distinctive characteristics as compared with foreign systems. All forms of social insurance in this country are financed entirely out of employer contributions, or employer and employe contributions combined, with no contribution from general taxation. In most foreign systems contributions from general tax funds are the rule. In the case of workmen's compensation in this country, there are two states¹ that require a very small contribution from employes to cover some of the cost of medical care. In the case of unemployment insurance, two states² require employe as well as employer contributions. Employers and employes make equal contributions to the financing of federal old age and survivors' insurance.

Another distinctive feature of the social insurance provisions in this country is that the contributions and the cash benefits are all calculated as a percentage of past wages instead of being fixed amounts regardless of wages. This is an important characteristic, since relating contributions and benefits to wages enables a national system to be flexible and adaptable to the varied wage levels existing throughout the country as well as to changes in wage levels over periods of time.

The contribution rates required of employers in the United States are relatively low as compared with those in many foreign countries, since not so many kinds of risks are insured as in the foreign systems and, in the case of the federal old age and survivors' insurance system, the present contributions are far below the actuarial value of the benefits promised. As additional risks are insured and as the cost of the federal old age and survivors' insurance

¹ Oregon and Washington.

² Alabama and New Jersey.

¹ *See Approaches to Social Security (infra).*

Social Insurance

system increases, the contributions of both employers and employees will have to be increased. The Social Security Board¹ has recommended that employers and employees contribute equally to the cost of a comprehensive social insurance system. The Board believed that there would also be justification for a government contribution out of general taxation, since the burden upon the government of providing public assistance and other services would be correspondingly reduced if all of the people were protected against all of the important hazards.

In spite of the progress that has been made in the development of social insurance in this country during the past decade, an examination of the protection provided indicates the need for further improvement. After thirty-eight years of development, workmen's compensation still covers less than half of the workers in this country. This is because many of the laws permit an employer to elect or not elect to be covered, most of them exclude small employers, and all of them with very few exceptions exclude farm workers and domestic servants from coverage. The benefits provided in the case of serious permanent disabilities and death are inadequate in compensating for the wage loss sustained. Seventeen workmen's compensation laws do not cover occupational diseases, and only 20 laws cover all occupational diseases.

In the case of unemployment insurance about 30,000,000 of the 43,000,000 persons working for others are in insured occupations. The weekly benefits provided and the duration of benefits are much less than those provided under workmen's compensation. Most states pay 60 per cent or more of the weekly wage loss in the case of workmen's compensation (subject to a weekly maximum benefit), whereas under unemployment insurance the percentage usually falls between 50 and 60 per cent (also subject to a weekly maximum). Likewise, 25 states provide a higher weekly maximum benefit under their workmen's compensation laws than they do under their unemployment insurance laws. Most workmen's

compensation laws pay benefits for several years in the case of temporary disabilities, whereas under the unemployment insurance laws the maximum duration provided is twenty-six weeks and in the majority of states it is twenty weeks or less. While benefits have been raised in recent years, there has been a tendency to impose increasingly severe disqualification provisions.

In the case of the old age and survivors' insurance system, about 3,000,000 more workers are insured than under the unemployment insurance laws. The benefits payable are related to the number of persons dependent upon the insured person. Therefore, while the monthly amounts payable to the insured person himself are even less than they are under unemployment insurance, the fact that there are dependents' allowances offsets, to a considerable extent, the small size of the individual benefits. Available data indicate that in the case of persons retiring on account of old age, as contrasted with younger persons who become unemployed, there are usually fewer dependents, more savings, and a lower family cost of living. Under practically every national old age retirement system, benefits are set at a level which is intended only to supplement other available income.

The greatest inadequacy of our present social insurance system is, of course, the failure to provide protection against the economic hazards of ill health. *See MEDICAL CARE.* Except in periods of deep and prolonged depression, ill health is the leading cause of destitution in this and other industrial nations. Social insurance is peculiarly fitted to overcome this hazard, since the problem arises out of the uneven and unpredictable incidence, rather than the total national burden, of ill health.

Proposals for Improvement

Within recent years there has been discussion in this country concerning a system of social insurance which would provide protection against all common economic hazards "from the cradle to the grave." The hazards which would be covered under such a system would be those arising out of ill health, premature death, old age, and unemployment.

¹ Abolished July, 1946, and functions assumed by Social Security Administration.

Included in the protection against the hazards of ill health would be protection against all disabilities arising out of employment, maternity cash benefits (at least to employed women) to cover a reasonable period before and after childbirth, and cash benefits to compensate for loss of income due to temporary disability or permanent total disability not arising out of employment. Survivors' insurance in the case of death of the breadwinner, old age retirement insurance, and unemployment insurance would also be included. All persons working for others would be provided this protection, but in the case of persons who are self-employed—such as farmers, small businessmen, and professional persons—protection would probably not be provided against unemployment or temporary disability because of the administrative difficulties of determining the income loss involved.

In addition to providing cash benefits against all of the hazards mentioned, an all-inclusive system of social insurance would also provide protection against the cost of hospital and medical care. In this connection it must be borne in mind that social insurance is a device for spreading the cost of the services through a system of prepayment, and that it is not in itself a system of medical practice.

While there appears to be much sentiment in favor of the general idea of an all-inclusive system of social insurance, opposition thereto exists regarding two particular aspects. Objections have been raised to combining the 51 unemployment insurance systems now in effect into a single federal unemployment insurance system and integrating that system with the present old age and survivors' insurance system and any other forms of social insurance which might be set up on a federal basis. Also, opposition has been expressed—by the American Medical Association and other organized interests—to including social insurance protection against the cost of hospital and medical care. Much of this latter opposition fails to distinguish between a system of social insurance to spread the cost and a system of state medicine which would supplant in whole or in part the private practice of medicine.

Regardless of whether the administration were lodged with the federal government or the state governments, it would be necessary to decentralize the operation. Officials having immediate contact with beneficiaries would need to be given sufficient authority to make decisions relative to eligibility for benefits, as well as to effect arrangements with persons or institutions furnishing services. Also involved would be the creation of state and local advisory groups, consisting of representatives of the persons paying contributions and those furnishing the services. The need for decentralization is, of course, greater in the case of insurance to cover the cost of services than in that providing specific cash benefits. Therefore, it might be considered desirable to permit a state to assume the administrative responsibility for the service benefits if it chose to do so, with the system allotting to the state a specific portion of the contributions collected.

The great advantage of a single federal social insurance system is that it would make certain that there would be no gaps, overlaps, or anomalies in the various kinds of protection provided. A federal system would also have the advantage of requiring only one central record-keeping office instead of 51, one report, one contribution covering all forms of protection, and one chain of offices at which all persons could ascertain their rights and duties. Since the cash benefits for income loss would be related to the past income of the recipients, there would be an automatic adjustment to varying economic conditions throughout the country. Since there would be no police or regulatory functions involved, the relationship of the beneficiaries and other interested persons to a federal social insurance institution would be essentially the same as it would be toward any insurance company doing business throughout the United States.

The most comprehensive bill on social security before the 79th Congress was that which was known as the Wagner-Murray-Dingell Bill (S. 1050 and H. R. 3293). This Bill provided for a single comprehensive federal social insurance system covering all of the hazards which have been mentioned, including hospital and medical care as well as loss of income.

Social Insurance

There was also pending a bill introduced by the same authors (S. 1606 and H. R. 4730) intended to give effect to the recommendation of President Truman for a National Health Program. This bill included in its provisions social insurance to cover the cost of hospital and medical care.

It is probable that there will continue to be discussion of ways of making our present social insurances more adequate. Even in the absence of a complete federal social insurance system there will be progress made in the improvement and coordination of the present social insurances. It may be anticipated that in the case of unemployment insurance there will be a continuing demand that the federal government require the state unemployment insurance laws to meet a minimum level of adequacy and, in return, for the federal government to insure the solvency of the state unemployment insurance funds. There is also considerable probability that the present complicated federal and state relationships in the field of unemployment insurance will be simplified. This simplification might even go to the extent of the federal government collecting the contributions for unemployment insurance along with the contributions for federal old age and survivors' insurance, crediting the several states with their respective shares. It is also possible that the states will make greater use of the central record-keeping office of the federal old age and survivors' insurance system to obtain the individual wage information necessary to pay claims. Already several states are obtaining wage information from this central record office. This development might eventually mean that employers would not be required to make itemized wage reports to the states and that the individual states would not find it necessary to maintain individual wage records for insured employees.

Social-Economic Aspects

While social insurance is primarily a method of spreading the risk, it also has a socially therapeutic effect. It not only prevents loss of morale but actually averts physical deterioration. It also helps to maintain purchasing power in periods of depression. Social in-

surance may therefore be regarded as an effective instrument in maintaining and promoting the productive capacity of a nation and in stabilizing its economy. Along with it, of course, there should be specific government programs designed to reduce the hazards insured.

It is frequently contended that if we had full employment we would not need social insurance. However, most of the economic hazards which cause destitution are present in good times as well as in bad, and would cause destitution even though we were to achieve the goal of full employment. Many people would still grow old with insufficient savings, die before their time leaving dependents, and suffer ill health and accidents.

As has been said, social insurance merely spreads the risk and distributes a cost that is already with us. In itself it does not represent an additional cost to the nation. In the words of former Prime Minister Churchill, it is a device for "bringing the magic of the averages to the rescue of the millions." It cannot bring utopia; neither can it eliminate poverty, in the sense of relative degrees of affluence. However, it can eliminate destitution and provide a sound basis for private enterprise and thrift. By providing only a minimum degree of security, social insurance enables and encourages every individual to provide a still higher degree of well-being for himself and his family through individual savings and private insurance.

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SOCIAL SERVICE EXCHANGES. The social service exchange is a clearing service the purpose of which is to assist social service agencies to focus social work resources to meet the needs of people who come to them for help, and to avoid confusion and waste by duplication. Clearing is the process of determining through the exchange the agencies that know a given person or family. A clearing consists of an inquiry from an agency, a search through the file, and a report to the inquiring agency giving the relevant information produced by the search.

The exchange traces its origin to the charity organization movement of the 1870's. In its early form it was a registration bureau, a depository of records. That is no longer the case. The modern exchange maintains a central in-

dex to the records of its member agencies. It is designed to facilitate communication between these agencies, to insure that specialized knowledge and skills are related, and that agencies do not wastefully duplicate each other's work. The exchange files contain only identifying data and indicate the location of agency records. Each member agency is the custodian of its own records, responsible for creating the record and for giving or withholding information which the record contains. While the index is, in itself, a mechanical device, its discriminating use adds to the quality of case work service.

To qualify for membership in the exchange an agency must show that its primary purpose is to promote the welfare of its clients, that it is a nonprofit organization, that its work is socially important, and that it is empowered to do this work and is capable of handling it. It must agree to safeguard confidential information.

The exchange is known by a number of titles. The two most commonly used are "social service exchange" and "social service index." The term "exchange" reflects the cardinal position of the member agencies in the organization structure, and emphasizes the interagency processes of consultation and collaboration. The term "index" relates rather to the central file and the mechanical operations between participating agencies and the file.

An exchange may serve a region, a state, a county, or a local community. The primary factor in determining geographical coverage is the natural population area. Health and welfare problems do not confine themselves within state or county lines; persons seeking social services readily cross these boundaries. If member agencies must clear a substantial number of cases in more than one exchange in order to have access to pertinent material, a merger is indicated.

A reciprocal arrangement between exchanges makes it possible for an agency serving a client who formerly resided in a distant community to clear with the exchange that covers that community, and to be put in touch with agencies there that have known their

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client. Existing exchanges by no means provide complete coverage for the whole country, but they do in this way facilitate coordination beyond the local level. This service should not be confused with the intercity service of social agencies whereby agencies in similar fields correspond with one another on case work problems. It is not a substitute for that service.

Auspices and Financing

An exchange may operate as an independent agency or as a department of another organization. If it is a department it should be relatively independent, with its own administrative committee, bylaws, and budget. A strong case can be made for separation of the management of the exchange from that of any of its member agencies or from the council of social agencies or the community chest. Community-wide use of exchange service is unlikely to be reached and maintained unless the executive of the exchange is free to have direct contact with member agencies, and to apply his abilities and his time entirely to the purposes of the exchange. Central clearance is of little value if it is done carelessly and without interest in the process itself, or in the resources that are revealed. It tends to become perfunctory if continual stimulation is lacking. Sustained interest in the problems of the exchange is more likely to be achieved under executive direction that is concerned primarily with the clearance function.

Structure and management depend on the auspices under which the exchange is established, the resources for meeting costs of operation, and other factors. In any case there must be a governing body which has final authority to establish eligibility and operating standards, to receive and disburse funds, and to employ an executive secretary who is responsible, under its supervision, for direction of the exchange. In an independent exchange this governing body is elected by the member agencies.

Financing is closely related to auspices. Among existing exchanges there is a wide variation in costs and in methods of support. Some exchanges are financed entirely by the

community chest or by government appropriation, some by agency payments for service, and some by a combination of chest or government funds and agency fees. The financial plan should assure adequate and continuous service and freedom from domination by any one agency. In the organization of a new exchange it may be necessary for one agency to assume full financial responsibility. As the organization is developed and stabilized, costs should be distributed among member agencies.

Committee on Social Service Exchange

Community Chests and Councils, Inc., has an advisory Committee on Social Service Exchange and publishes a social service exchange directory. The purpose of the Committee is to formulate standards of organization and operation, to evaluate basic reference material and make it available, and to encourage service agencies and schools of social work to give consideration to problems of case work philosophy and practice as they relate to use of the exchange.

The social service exchange directory for 1946, *Social Service Exchanges in the United States and Canada* (*infra*) lists 320 exchanges in the United States. Of these, 110 are operated under the auspices of a single direct service agency, governmental or voluntary, 99 are under councils of social agencies, 96 are under community chests or chest and council combined, and 15 are independent. Costs of operation vary from less than \$1,000 per year to more than \$50,000; and the number of agencies using one exchange, from less than 10 to more than 500.

Emerging Standards

Although there are no nationally accepted standards for exchanges, and none for listing in the directory, some standards are emerging in practice. Clues to professional quality in an exchange are to be found in some such items as these:

The governing body is selected by its member agencies and is responsible to them. The exchange is thus substantially an intramural operation. It is not something separate, ex-

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ternal, and unaccountable to the agencies that use it.

The director is a professional social worker who is identified with the social work program of the community. The clerical staff is able to give prompt and accurate reports throughout the working day.

Service is available only to member agencies except that (a) under proper safeguards, clearing service may be available to nonmembers for purposes of study and research, and (b) at the discretion of the exchange, a report may be given to a nonmember, provided the agency whose registration is reported gives specific consent. This is known as "consent service."

Membership standards are established in terms of function, structure, and equipment for responsible service rather than in terms of staff qualifications.

The exchange covers a natural population area.

It is cooperatively financed. "Payment for service, according to use, is the best guarantee that the exchange will be thoughtfully used and adequately maintained."¹

Its organization and methods of operation are designed and managed to safeguard the confidential nature of the relationship between agency and client.

Recommendations on use of the exchange are developed from time to time in studies made by agency groups within a local exchange. The Family Section of the Philadelphia-Camden Exchange made such a study in 1944-1945.² It was developed in two sections: one on agency policy, the other an actual sampling of agency practice. Recommendations which have general application are these:

1. *Agency policy.* Each agency should define its policy and procedures in the use of the exchange. They should be related to the total process of case handling. They should be thoroughly understood by the staff, and incorporated in a manual of agency policy and practice. They should be reviewed from time to time.

Clearing should be complete within the terms of agency policy.

Cases should be cleared either at the point

of application or immediately after the intake interview. This is important because it informs active agencies that this agency is interested in the case; it indicates whether a client is known to agencies of similar function; and it furnishes a simple statistical comparison between number of applications and exchange clearings.

If the case is not accepted for service and the record contains no significant information, the registration should be canceled. Agency policy should define "significant information" in terms of agency function, place responsibility for determining the value of records that have been registered, and establish a routine for canceling.

2. *Interagency relationships.* Consultation with other agencies should depend on the nature of the problem presented, the type of service given by the other agency, and the date of the other agency's registration. When clearing shows a previous registration by another agency in the same field it is recommended that this agency be consulted before work with the client is begun. This would not diminish the client's freedom of choice but would be helpful in determining which agency might more appropriately give service.

It is the responsibility of the inquiring agency to indicate specifically the kind of information it needs and the purpose for which it is needed. It is the responsibility of the answering agency to ascertain the focus of the other agency's interest, if the inquiry is too general.

The governing consideration in the exchange of confidential information should be the welfare of the client.

Information secured from another agency should not be passed on to a third agency. This allows the agency supplying the information to select and interpret its material in terms of the interest of the client and of the inquiring agency. Passing on of information from another agency deprives that agency of handling its own material and may also deprive the inquiring agency of the information most suited to its needs.

3. *The exchange.* The exchange should stimulate social work thinking on problems of the exchange and interagency relationships, by occasional group studies and interagency discussion and by circularizing reports of such studies and discussions. The exchange director

¹ See Daniels, *infra*.

² See Philadelphia-Camden Social Service Exchange, *infra*.

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should visit agencies and participate in staff discussions on use of the exchange.

Wartime and Postwar Developments

The psychiatric screening program for selective service in World War II furnishes an illustration of the values of the exchange. Psychiatrists at Army induction centers were charged with ruling out men who represented a greater-than-average risk of breakdown under highly mechanized warfare. The decision was important to the Army, to the registrant, and to the country as a whole. The Selective Service System recognized that the exchange held the key to material not otherwise available in the short time allotted for the psychiatric examination. In one community where approximately 100,000 names of Class 1-A selectees were cleared, the exchange was able to locate information on 50 per cent. Reports were sent to Army induction centers on 14 per cent. These reports contained objective and verified social information essential to the process of psychiatric appraisal and prediction. It is impossible to estimate fully the money and human values of this service; certainly they were considerable. Where the service was not available or was not used, men were often inducted only to become mental casualties and costly rehabilitation problems.

A postwar development which is making itself felt in the exchange is the increase in the number and variety of social services administered by the Veterans Administration. Social service departments are staffed with professionally trained case workers who provide service to all divisions: adjudication, contact, rehabilitation, and medical. The problems presented by veterans and their families are not unlike those seen in any case work agency. The effectiveness of the service depends in large measure on the extent and availability of community resources. The exchange provides quick access to these resources.

The Role of the Exchange

There are evidences of a revival of interest in the exchange on the part of case workers. The exchange has suffered because case work agencies have taken it so largely for granted.

They have used it mechanically, and have been indifferent to its structure, its standards, and its practices. Left to its own devices, and limited in budget, the exchange has too often become merely a second-rate clerical service. In an effort to be helpful it sometimes extends its service beyond social work to organizations that have a variety of reasons for clearance. The ends sought may be far afield from those of social work.

A factor in the revival of interest is the disposition in current case work practice to place increased emphasis on the client as the chief source of information. This has tended to minimize the use of collateral information and to decrease the number of collateral interviews. It has led some case workers to question the validity of the exchange and to think of its use as a substitute for case work skill. The fact that it is neither possible nor wise always to limit case work contacts to the client makes this position highly vulnerable.

Renewed consideration is being given to the rights of the client and the obligations of social work in relation to confidential information. In the use of information there is always a dual responsibility for the social worker: first, a direct and immediate responsibility for the best interests of the client; and second, a responsibility for the best interests of the community of which both the client and worker are members. What information does the agency require from client and other sources? What is the agency's purpose in recording information? How is that information protected within the agency itself? What are the provisions for responsible exchange of information between agencies? These questions bear on the proper role of the exchange. They go to the core of the case work process.

With such wide variety and specialization in the social services, the obligation of agencies to pool resources is definite and clear. The social service exchange is the device of the agencies themselves for facilitating collaboration case by case. Policies and procedures in use of the exchange must be re-examined as new knowledge is developed, new skills are acquired, and agency practices change. The value of the exchange depends on the extent

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to which its member agencies accept responsibility for its quality and performance.

Welfare Council of New York City. *Report of Joint Committee of Social Group Work and Recreation Sections*. 14 pp. 1942.

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¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

SOCIAL WORK AS A PROFESSION.¹ The antecedents of social work are found in activities formerly included under such terms as "charity," "philanthropy," "poor relief," and "social reform." Since practice precedes theory in any profession, the problems of poverty, delinquency, and social disorganization commanded the attention at an early date of the state, church, and individual philanthropists. As the biological and social sciences progressed and humanitarianism became more intelligent, there developed an interest in the causes of dependency, delinquency, and defect. This resulted in a shift in emphasis from amelioration to prevention. By 1910 social work could be described as a congeries of agencies and movements which dealt with the treatment and prevention of family breakdown, protection of neglected children, the effects of physical and mental illness and work accidents, and other social problems in relation to groups served.

The attempt to define social work in terms of its objective and function marks a second period of growth. By the close of World War I in 1918, advances in psychiatric and psychological knowledge diverted attention somewhat from environmental to personal causes of maladjustment. At the same time, so-called "character-building" movements for youth were emerging and city-wide coordination for planning and financing of social work was spreading rapidly. Social work began to delimit and define its scope. Whether the emphasis is on individual or group activities, modern social work may be described as a professional service rendered to people for the purpose of assisting them, as individuals or in groups, to attain satisfying relationships and standards of life in accordance with their particular wishes and capacities and in harmony with those of the community.

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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Until the 1930's, voluntary social work—that supported by voluntary contributions and controlled by self-appointed boards of citizens—had been the dominant influence in shaping the growth of the profession. While provision of funds from local taxation for the care of the needy is a part of our heritage from England, it was not until the 1930's that federal aid to the states for the relief of destitution due to unemployment, and subsequently the Social Security Act of 1935, introduced widely the standards of aid, personnel, and administration that were formerly found chiefly in the voluntary social agencies. This trend was further accentuated by the impact of World War II. Legislation to deal with large-scale problems that grow out of postwar needs is now being considered, which emphasizes the fact that government—federal, state, and local—will continue to play an important role in the development of social services. *See PUBLIC WELFARE.* With many of the leaders of the voluntary agencies now employed in the governmental agencies, the methods developed by voluntary agencies are, being applied and adapted to the new programs. New philosophy as well as new skills are emerging, indicating that social work practice is already beginning to show adaptation to the changes that are occurring.

Finally, social work may be defined by the methods employed in work with individuals, groups, and communities. This classification cuts across all of those previously mentioned and gives unity to what otherwise seems diffuse and separated. The methods, however, at this time are unevenly and partially developed, the literature for some fields is inadequate, and much research remains to be done before the common basis of the profession can be clearly distinguished. Social case work, social group work, community organization for social work, research, and administration are the methods about which a body of knowledge and skills, essential in some measure to all fields of activity, is accumulating.

Social case work, with its origins in the charity organization movement of the nineteenth century, is the oldest of these methods. As a method with techniques "directed toward

the release of individual capacities and the relieving of environmental pressures,"¹ it developed in a variety of settings before the concept of basic or generic case work emerged in the 1920's. A reasonably adequate literature is developing. *See SOCIAL CASE WORK.*

The other methods have similarly arisen and flourished as independent units of service. Analysis of professional method and the development of clear-cut job analyses and crystallization of the professional content of social group work have been stimulated by the study groups and publications of the American Association of Group Workers (formerly the American Association for the Study of Group Work) which was formed in 1936 at the National Conference of Social Work. The work of the Committee on Group Work of the American Association of Social Workers, established in 1945, also has contributed to the development of this area of practice. *See SOCIAL GROUP WORK.*

Informal association of persons interested in the study and analysis of function and methodology in community organization in social work began at the National Conference of Social Work in 1939. A National Continuing Committee for the Study of Community Organization was formed to facilitate preparation and interchange of materials with the view of clarifying the scope and meaning of community organization in social work. To provide for wider participation by practitioners in this area of practice an inclusive membership organization, called the Association for the Study of Community Organization, was organized at the National Conference of Social Work in 1946. *See COMMUNITY ORGANIZATION IN SOCIAL WORK.*

While not peculiar to social work, the methods of research and administration are receiving increasing study and adaptation to this field under the impact of the rapid growth and requirements of the public social services. *See ADMINISTRATION OF SOCIAL AGENCIES and RESEARCH AND STATISTICS IN SOCIAL WORK.*

¹ Hamilton, Gordon. "Social Case Work," in *Social Work Year Book* 1939.

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Types of Positions in Social Work

Examples of positions in social work, by division of major specializations of the social worker, include the following:

Social case work in governmental and voluntary family welfare agencies and child care agencies, social service departments of hospitals and clinics, school social work departments of schools, probation departments of courts, family welfare work under the auspices of the American Red Cross, Travelers Aid Societies, and many others.

Social group work in settlements, community centers, young men's and young women's associations, boys' and girls' clubs, public recreation departments, and other organized recreational and cultural organizations.

Community organization through planning and program promotion in individual local agencies, councils of social agencies, community chests, national supervisory and advisory agencies, public welfare departments, and public health and health educational agencies.

Social research in local agencies, community chests and councils, national voluntary agencies and foundations, state welfare departments, and state and federal bureaus and commissions.

Administration, especially in large governmental or voluntary organizations in which problems of personnel, finance, and management take the major part of the time of the executive.

Current Trends in Social Work

In common with other fields of endeavor social work has felt and is feeling the effects of problems arising out of the war and the subsequent period of reconversion. During the war the dislocation of family life, when men left home to enter military service or to take jobs in war industries, and the dislocation of community life, when war activity brought in thousands of new people almost overnight, created new or intensified existing problems for individuals and communities. Social workers and social agencies found it necessary to assume new functions to meet the urgent needs created by these wartime conditions. War-created stresses have left many individuals poorly adjusted and have done much to undermine healthy family and community

life. The period of transition from war to peace has been characterized by problems of personal and community adjustment which have to be solved. Special attention must be given during this period of reconversion to the task of rehabilitating the physically and emotionally wounded, providing an adequate program of vocational guidance and retraining, expanding services to children and youth, improving standards of health activities, and providing all necessary services to reduce the emotional and financial strains on family life.

A direct result of the experience of the war years has been a better understanding of the value of social services and a greater acceptance of them as an integral part of community life. It is now recognized that if we are to deal effectively with the problems individuals and communities face, we must enlarge our program of community health and social services. Another important development for the social work profession is the growing awareness of the necessity for making social services available to all people in all economic groups. These developments unquestionably will continue to influence the practice of social work in the years to come.

Several trends can be noted already which reflect these developments. The first is that social work is being practiced in a variety of new settings and under unaccustomed auspices. To meet the problem of a distressingly high rate of discharges from the armed forces for neuropsychiatric reasons, the Selective Service System in 1943 inaugurated a Medical Survey Program to make health, social, and educational histories of registrants available to medical examiners at induction centers. It was recognized that social workers were best qualified to gather this information, and several thousand of them were employed in voluntary and paid positions in connection with this program. The importance of the neuropsychiatric problem throughout the military services, and the limited number of neuropsychiatrists available, resulted in an increasing demand for the utilization of trained psychiatric social workers. Social workers were and continue to be used in military hospitals, mental hygiene clinics, consultation centers,

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and disciplinary barracks. *See* PSYCHIATRIC SOCIAL WORK.

The programs of international relief and rehabilitation which have been carried on under governmental and voluntary auspices constitute another example of social work in new settings. Large numbers of workers have been employed by the agencies in this field. *See* FOREIGN RELIEF AND REHABILITATION.

Social workers are also being used in counseling programs under the auspices of business, industry, and trade unions, in programs designed to meet the special needs of children of working mothers, and in the programs of service set up to assist war veterans to find more readily the benefits of services to which they are entitled. *See* GUIDANCE AND COUNSELING.

The development of a constructive relationship between social work and other professions represents another trend of significance. Professional teams, established to provide a well-planned and coordinated program of service to the individual and community, function in hospitals, clinics, courts, schools, and veterans' service centers with doctors, psychologists, nurses, lawyers, psychiatrists, teachers, and social workers as members.

A third trend which has been accelerated by the war is the increased interest in and use of volunteers. Recruitment of volunteer service was promoted on a nation-wide scale during the war period. The continued training and placement of volunteers have been urged since V-J Day by both national voluntary and governmental agencies. Voluntary case work agencies have traditionally stressed volunteer service as a means of interpretation of social work, and group work agencies have relied heavily upon volunteers for the operation of their program; but governmental agencies have had little experience with them. The increasing demand for service, the shortage of qualified personnel, and the desire of many persons to give their time to useful work are stimulating an analysis of areas of volunteer service, as distinguished from professional service, and an examination of methods, training, selection, and supervision of volunteers

within agencies. *See* VOLUNTEERS IN SOCIAL WORK.

Another war-accentuated trend is an increasing emphasis on skill in community organization. The wartime organization of state and local defense councils has emphasized its importance in the coordination and planning of all community welfare activities, especially in a time when social institutions are being modified and changed.

Finally, mention should be made of the increasing demand for social services in industrial settings and in rural areas, with recognition of the distinction between those activities for which social workers will continue to be administratively responsible and those in which the expertness of social workers will be useful under administrative auspices other than those of professional social work. The demand for social services in rural and semi-rural areas has also been greatly increased by the war. The problem facing the profession is how to plan, organize, and coordinate social services in these areas.

The rapid growth of social work as a profession has been accelerated by the above trends during the war and postwar periods. Between 1930 and 1940 the number of social workers increased from approximately 40,000 to a total of 72,000, according to the last census count. This 80 per cent increase in the decade takes on more significance when compared to a 21 per cent increase for nurses, a 1 per cent decrease for teachers, and a 10 per cent decrease for clergymen. In addition to this rapid, normal growth, the need created by the war for new and expanded services has created an accelerated demand for personnel in the years since 1940. Although a complete statistical tabulation on social work jobs in this country is not available, a summary of information submitted by governmental and voluntary agencies indicates that there are now approximately 100,000 positions in the field.

The Personnel Problem in Social Work

The social dislocations produced by the war have resulted in an unprecedented expansion of community health and social services to civilian and military population. To man these

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services adequately, more personnel is needed. In a field that already had three times as many positions as it had persons qualified as professional by education and experience, the shortage of adequately prepared practitioners constitutes an extremely serious problem. When qualified social workers are not available in the numbers required to meet the demand, it is necessary for agencies to employ untrained or partially trained personnel. This development has been a cause for real concern to the professional associations because it may lead to practices which will endanger the standards of competence evolved during the past several years. In view of this situation, two major needs of the profession have come to be recognized: the need to prepare a group of fully trained social workers able to meet the more exacting demands of professional work, with potentialities of leadership in adapting basic discipline and tested experience to meet new kinds of problems or new versions of old problems, and able to supervise less-equipped workers; and the need to prepare a body of workers with a basic equipment for certain positions on the operating level, which involve less responsibility.

Integrated planning and coordinated activity by the many separate organizations making up the social work field are imperative if the personnel problem is to be dealt with adequately. The trend toward coordinated activity began more than four years ago when the four professional associations (the American Association of Social Workers, American Association of Psychiatric Social Workers, American Association of Medical Social Workers, and the American Association of Schools of Social Work) felt the need for the discussion of common problems in the area of professional education. The first joint sessions were held in 1941 and 1942 under the auspices of the American Association of Schools of Social Work. The growing pressure of wartime needs showed that planned cooperation in relation to personnel questions was essential. As a result, early in 1943 the four associations formed themselves into a committee called the Wartime Committee on Personnel in the Social Services. The American Association of Group

Workers (formerly the American Association for the Study of Group Work), although not a professional association, was invited to join the group as the nearest equivalent organization in the field of group work. In 1945 the National Association of School Social Workers was also invited to join the Committee. Following the close of the war the constituent organizations making up the Committee agreed that continued interassociation activity was necessary. The Committee has been reorganized as the National Committee on Personnel in the Social Services. It is now operating under the auspices of the American Association of Social Workers.

From the beginning the Committee has recognized the urgent need for a program that would visualize the personnel needs and responsibilities of the field of social work as a whole. By coming together, the member associations have made real progress in relating the activities of professional schools and social work practice toward the common purpose of increasing the supply of trained personnel in the field of social work. The three major aspects of the Committee's program are (a) the development of a program for recruiting of personnel for professional training; (b) the expansion of training resources in schools and agencies, the clarification of objectives and methods of teaching, and the broadening of the base of financial support of professional education in social work; and (c) study of demands for and supply of personnel, analysis of developing needs for service, definition of new jobs, development of criteria for selection and best use of personnel, and continual work for maintenance of standards. The activities of the Committee during the past years include the following:

It has followed closely the developments in military social work and has taken direct action to urge that officer status for military social workers be established. A newsletter to social workers in the armed forces was distributed under the auspices of the Committee during 1944-1945. A memorandum was issued on the subject of evaluation of military experience. This statement was sent to national agen-

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cies, organizations of agencies, and individuals in the armed forces.

It has followed developments in personnel in national voluntary and public agencies. It has made recommendations to the Veterans Administration regarding ways to strengthen the social work program in that agency, and has consulted with the American Red Cross on matters related to its scholarship program.

It has given attention to the developments in the United States Civil Service Commission with special reference to the social welfare test construction unit of that organization.

It has given stimulation and leadership in recruiting for the social work profession and has prepared material for use in this connection.

Under its leadership recruitment to the profession of social work has become an established part of local programs in more than 40 communities throughout the country. At the request of the War Department it has prepared statements describing the field of social work, for use by counselors in separation centers and by the United States Armed Forces Institute.

It has prepared a statement of principles and standards relating to recruiting, training, and use of personnel, to provide a basis for its actions and as a guide to national governmental and voluntary agencies.

It has prepared, at the request of the Office of Community War Services, a statement on essential services and training needs in social welfare which served as a basis for a statement later transmitted to the War Manpower Commission.

Educational Requirements

In any profession there are usually two tests of education imposed: the first, one of general education; the second, one of professional competence based on professional knowledge and technical skill. Since July, 1933, membership in the American Association of Social Workers, described below, has been in terms of general and professional education as well as of experience. This requirement, combined with needs for personnel arising from the war and from the federal recognition accorded educational standards by the Social Security Act, has greatly stimulated the growth of professional education. In June, 1946, there were 47

schools of social work which were members of the American Association of Schools of Social Work; and all of these were integral parts of or affiliated with universities.

Although considerable progress has been made in defining general and technical educational requirements for social work, wartime developments and postwar needs have created problems which are receiving the careful attention of the profession. Some of the areas now being explored are (a) the theory and philosophy of professional education, with the view that a shift in emphasis, perhaps a new synthesis, and the introduction of more subject matter courses may be necessary; (b) the undergraduate basis for professional education, with the view of selecting pertinent undergraduate sequences of courses which may become the basis for professional education, and the conviction that the preprofessional or undergraduate part of an integrated plan of professional education may have to be considered, when necessary, as preparation for certain social work jobs; and (c) the professional curriculum, with special attention being given to the schools' need to be aware of demands from the field.

The acute shortage of professionally educated or even partially trained social workers, coupled with the rapid expansion of the public social services, has resulted in the employment of large numbers of college graduates and in some instances even high school graduates by public and voluntary social agencies. This condition has prompted some administrators and educators to urge that at least as a temporary expedient undergraduate training be developed and recognized as preparation for practice in social work. Realizing that too great a divergence in standards or too much overlapping of function might retard the development of the field as a whole, cooperative study by the American Association of Social Workers and the National Association of Schools of Social Administration has been undertaken of such problems in education for social work as accrediting, degrees, curricula, and advisory services to member institutions. The results of this study and the growing interest on the part of professional membership organizations and

the national governmental and voluntary agencies in strengthening and expanding the facilities for social work education have led to a development which can have great significance to the social work profession, namely, the organization, in 1946, of the National Council on Social Work Education (called, for a few months, the National Council on Education for Social Work). The Council, made up of representatives from the professional membership associations, educational organizations, and public social services, will devote itself to a comprehensive study of social work education and its needs. *See EDUCATION FOR SOCIAL WORK.*

Professional Organizations

Ever since its organization in 1874 the National Conference of Social Work, formerly the National Conference of Charities and Correction, has afforded a continuous medium for the discussion of common problems and for the exchange of opinion and experience. Although membership is open without restriction to both lay and professional persons, and the aim of the Conference is discussion rather than action, many definitely professional developments in social work have had their origin in the Conference. Similar state bodies have been equally stimulating influences in their respective localities. *See CONFERENCES OF SOCIAL WORK.*

Because social work developed through widely scattered and apparently unrelated activities over a long period of time, the practitioners in some divisions of the field have formed their own associations and defined their standards in terms of special education and experience. Among them are the American Association of Medical Social Workers (1918); the National Association of School Social Workers, until 1942 the American Association of Visiting Teachers (1919); and the American Association of Psychiatric Social Workers (1926).

The need for a common placement service led to the organization of the National Social Workers Exchange in 1916, and out of this endeavor emerged in 1921 the American Asso-

ciation of Social Workers, the one comprehensive professional organization.

The purpose of the American Association of Social Workers, as redefined in 1939, is stated to be "An association of social workers meeting qualifications of training and experience, working in the area of human relationships, interested in advancing the quality of social service by means of individual and collective action in defining, promoting and protecting social work concepts and principles in the following areas: social work practice and the advancing body of knowledge and skills required in practice; personnel standards, including professional education; standards of organization and administration affecting practice; and social problems observed in social work practice."¹

Membership requirements were at first based on length of service as the measurement of competence; but since 1933, membership has had a basis in education. Applicants for membership are now required to have a minimum of two years of college credits, plus three years of additional preparation, plus two years of accredited experience, making a total of seven years. Within the three years of professional preparation, part of which the applicant may have spent as a practicing social worker, he must acquire credits for about a year's work in a school of social work, and for approximately a college major in social and biological science. The purpose of this arrangement is to require, in addition to the professional training, nearly all of a full college course without stipulating graduation. As a preferred method a six-year preparation is allowed to those who graduate from an approved university and then complete a two-year graduate course in a school of social work. A temporary junior membership is open to those who have completed junior college work and who have less experience, less social science, and fewer professional school credits than are required for full membership. Junior members have a temporary status but within five years must acquire the additional qualifications for full membership. In 1944 the by-

¹ American Association of Social Workers, Article II, in *Bylaws*.

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laws of the Association were amended to include a membership for students in schools of social work. Under this provision, full-time graduate students in schools of social work may become members of the Association. Upon leaving school, student members will be classified as junior members or as members in accordance with the requirements and regulations in regard to these classes of membership.

From an initial membership of 750 in 1922, the Association grew to 5,030 members in 1930 and to 11,274 on January 1, 1940. On July 1, 1946, the membership was 11,200.

The rapid expansion in the number of social work positions in the past several years has presented a dilemma to the Association. The choice would seem to lie between a relatively small membership meeting standards of education, and a large membership made up of persons with diverse backgrounds with a weighting of experience over education. Another phase of the problem has been the application of the same membership requirements to all divisions of the field when the degree of professional growth is uneven. In 1940 and again in 1942 the Association affirmed its belief in selective membership requirements founded on standards of professional education, stating that selective membership was necessary for the realization of the Association's purposes and for reliable service to social work clientele and the general public.

The program of the American Association of Social Workers is related to the problems facing social work which are an outgrowth of the broad social and economic developments that occurred during the war and post-war periods. Among the committees implementing this program are the following:

1. The Committee on Registration and Licensing, established in 1945, is charged with exploring the immediate and long-time program which the Association can initiate to achieve legal recognition or status for the social work profession. Because of the rapidly expanding field of social work practice, the Association is convinced that every effort should be made to establish objective criteria for measurement of competence of persons

who wish to practice in the field of social work. During its first year of activity the Committee has been giving its attention to the following aspects of the problem: (a) preparation of a definition of social work, to be used as a guide in the establishment of an accrediting system; (b) study of the need for a system of voluntary registration of social workers prior to seeking legal action; (c) consideration of means of measuring competence through a national examining board; and (d) discussion of problems of interpretation and public relations.

2. The Personnel Practices Committee, established in September, 1944, recognizes the responsibility of the Association in the area of personnel standards. This Committee has been working on the following matters: (a) a review and study of current personnel practices of social agencies; (b) preparation and publication of a statement of standards for personnel selection, compensation, and other conditions of work; and (c) development of specific measures by which national and local Association groups may work toward bringing about improved personnel practices in social work.

3. The Committee on Education for Social Work provides the channel through which the Association can give active leadership in defining standards of professional competence and in social work education through (a) participation in the formulation of educational standards, (b) interpretation of the social work education and recruitment programs, (c) work for increased financial aid to schools and students, (d) efforts to extend the resources available for social work education, and (e) promotion of the quality of social work practice through studies and other appropriate methods.

4. The National Committee on Personnel in the Social Services, which has been described above, provides the channel through which the resources of the Association are brought to bear on issues arising in the employment of social work knowledge and skill in positions which call for their use.

5. The Committee on the Organization and Planning of the Social Services in the War and

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Postwar Periods has undertaken the study of problems of organization, structure, and planning of social services and the development of recommended principles which can be used as guides to the effective and economical organization and administration of social work services, locally and nationally. In fulfilling this assignment, the Committee has given attention to special problems arising from war and postwar conditions at home and abroad.

6. The Committee on Public Social Policies has assumed responsibility for the promulgation and interpretation to the public, to officials, to legislators, and to other organizations, of the Association's position on public social services.

7. The Committee on International Organization for Social Work has been following developments in the programs of the international relief and rehabilitation agencies and has been cooperating with other organizations to urge the establishment of a permanent intergovernmental organization under the United Nations organization.

Other Association committees are working in the following areas: publications, research and statistics in social work, group work, chapter organization and administration, and employment practices inquiries. The Association's periodical, *The Compass*, keeps the membership informed of national and local activities and offers a medium for exchange of opinions on common problems.

In its early years the activities of the Association tended to center in the national office in New York, but recently an increased participation of chapters has gradually evolved. In July, 1946, there were 98 chapters of the Association. They are recognized as the basic unit through which the program of the Association is carried on. Since 1934 an annual delegate conference, composed of representatives from chapters and nonchapter areas in proportion to number of members, has served as the official means through which the membership acts on all matters of national policy and program.

Placement Services

The significance of selection, placement, and

vocational counseling in the development of professional standards is indicated by the origin of the American Association of Social Workers in the National Social Workers Exchange. In 1927 the placement function was relinquished to the Joint Vocational Service, an agency created for the purpose, which served for twelve years as a national counseling and placement service for all social workers. When a study committee recommended that the Joint Vocational Service be replaced by an agency whose primary function would be research and vocational guidance, with promotion of independent, regional placement bureaus, the recommendation was accepted but was not carried into effect. Instead the Social Work Vocational Bureau was formed in 1940 as a national placement service for the case work field. It has been the intent of the Bureau to consider extension of its services to other fields of social work as they might be needed and as a means of financing could be provided. In view of the present shortage of workers, consideration has also been given by the Bureau to the possibility of including a new class of persons served, namely, "case work assistants."¹ During 1946 about 2,150 individuals and 780 agencies were members of the Bureau and entitled to its services.

Significant for future development is the placement of social workers by the United States Employment Service. A notable beginning was made in 1941 when the Social Workers Placement Service was opened in the San Francisco office of the United States Employment Service. It acts as a registration center for the 11 western states, clearing information about positions in all aspects of social work with persons seeking employment who meet one of the following requirements: preparation in an accredited school of social work, certification as a registered social worker by the state of California (as described below), or employment on salary for one year in a social work capacity. In August, 1943, the United States Employment Service set up a

¹Case work assistants are employed by many case work agencies to provide assistance to the professional social workers by performing the more routine and nonprofessional functions of the agency.

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special division designed to serve the personnel needs of social and health agencies in Greater Cleveland. This central placement service was established on the recommendation of the Welfare Federation of Cleveland following its survey of personnel needs earlier that year. In San Francisco as well as in Cleveland a committee of local social workers was responsible for having the service established and has acted in an advisory capacity.

Other Organizations of Social Workers

Primitive working conditions, low salaries, "politics," and confusion in the administrative structure of the new public welfare agencies during the 1930's were among the causative factors which produced an active trade union movement in social work. Initiated by the American Federation of Labor but fostered largely by the Congress of Industrial Organizations, it has met with considerable success in organizing professional, clerical, and maintenance workers in governmental and some voluntary health and welfare agencies. The total union membership in social welfare agencies was reported in 1946 to be about 12,000, the large majority of whom were on the non-professional rather than the professional level. *See LABOR AND SOCIAL WORK.*

Another expression of the need for association felt by social work personnel is found in the organization in various parts of the country of social workers' clubs. Usually the only qualifications for membership are paid employment in social work and the desire for professional growth and development. In several states the organizations are state-wide and organized with local units. Participation and leadership have come in many localities from members of the American Association of Social Workers who realize the difficulty great numbers of persons will have in ever qualifying for membership in the Association.

Registration and Certification of Social Workers

As a result of action taken at the 1945 session of its legislature, California became the first state to establish a state system of registration and certification of social workers.

Puerto Rico has had compulsory certification by law for social workers since 1934. The California law, which was adopted after two decades of effort on the part of social workers in that state, including more than ten years' experience with a voluntary system of registration under the California Conference of Social Work, provides that "only individuals who have received a certificate under this chapter may style themselves as Registered Social Workers and use the letters R.S.W. in connection with their names." The law provides for the establishment of a Board of Social Work Examiners with power to make such rules and regulations as may be necessary for the enforcement of the act and to prescribe the qualifications for registration. The Board is also allowed to conduct research in and make studies of problems involved in the maintaining of professional standards of social work, and may publish its recommendations. Until January 1, 1947, social workers registered under the voluntary certification plan and social workers with three full years of employment out of the last five, in a recognized social agency, could be blanketed in upon their application. Examinations were provided for social workers not qualifying under these two provisions. After January 1, 1947, registration will be by examination only and applicants will be required to have completed at least one year of full-time graduate study or the equivalent thereof in an approved school of social work. It should be pointed out that the act does not prevent any person from engaging in social work. It merely restricts the use of the R.S.W. in connection with the names of individuals who may style themselves as registered social workers.

The extremely serious shortage of social workers with professional education and the unevenness of professional awareness and accomplishment in the different aspects of the field may present problems in the application of the California law. Nevertheless the establishment of the registration and certification act for social workers in California, the experience with voluntary registration in Missouri, the growing interest on the part of social workers in other states, and the activity of the

American Association of Social Workers in this area, are indications of the fact that significant progress is being made toward the goal of registration and certification.

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TUBERCULOSIS.¹ During recent years, when tuberculosis flared into epidemic proportions in war-torn areas abroad, a continuous decline in the death rate due to this disease has been observed in the United States. This fact emphasizes the recognized tendency for tuberculosis to develop and spread rapidly and widely whenever the influences of war go unopposed. It also attests to the success of efforts in this country to counteract such unfavorable wartime factors as mass migrations, overcrowding, bad housing, fatigue, nutritional deficiencies, and depletion of civilian medical personnel.

Spared bombing, blockade, or invasion, the American citizen nevertheless experienced displacement of normal living. Health hazards were created or intensified that could have operated to the advantage of a communicable pestilence such as tuberculosis and to the detriment of millions of persons. That these potentialities were recognized and minimized is to the credit of public health authorities and private medical practitioners, as well as to industrious and intelligently administered social welfare agencies and voluntary tubercu-

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

¹ For addresses of periodicals listed, see Appendix A.

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losis and health associations. Progress toward the eradication of tuberculosis was thus maintained at a time when a setback might have been expected.

Declining Death Rate

In 1939, two years before Pearl Harbor, the death rate due to tuberculosis in the United States was 47.1 per 100,000 population. This rate had shrunk to 44.5 in 1941, 42.6 in 1943, and 41.3 in 1944, with provisional figures for 1945 at about the 40 mark. Actually, the decline is even more marked than these statistics indicate. The figures quoted are based on population estimates within the continental United States which, in the later years of the period, excluded several million healthy young men and women who were serving with the armed forces outside the country. The incidence of tuberculosis in this selected group was relatively low, as was the number of tuberculosis deaths. Addition to the population base of these younger persons would reduce the 1944 tuberculosis death rate to approximately 39.6 per 100,000 population.

While the falling death rate is cause for satisfaction, the importance of the personal, family, and community problems created by tuberculosis in terms of sickness, misery, lost earning power and productivity, and death, should not be minimized. This preventable disease caused 54,731 unnecessary deaths in 1944. During the war years, for every three lives lost in combat by our armed forces, there occurred more than two deaths here at home due to tuberculosis. It has been estimated that for every such death there exist ten active cases of the disease, at least half of them so far unrecognized.

Tuberculosis in Other Countries

In war-ravaged countries the tuberculosis toll has been tragic. Reliable data are not yet available, although reports by competent observers indicate an appalling upsurge in the incidence of and deaths from tuberculosis. Axis-occupied areas suffered most, although rises also occurred in Great Britain and Northern Ireland, Eire, Spain, Portugal, and other uninvaded but affected regions.

Even in Germany, whose population long profited at the expense of conquered nations, the tuberculosis death rate increased one-third between 1940 and 1942. In the American zone of occupation new cases continue to increase. Conditions in Japan are described as being worse than in Germany.

Capture of enemy camps containing prisoners of war, displaced persons, and slave laborers revealed these places to be rife with tuberculosis. Fortunately, liberated American prisoners of war showed no incidence of the disease comparable to that among Russians, Poles, Italians, and other prisoner groups. These camps, with their indescribable crowding, malnutrition, harsh treatment, and dearth of medical care, automatically fostered tuberculosis. Surviving inmates, as they now migrate to their former or new homes, inevitably will spread the disease. The seeds of a bumper harvest of tuberculosis have been sown throughout Europe and Asia. The rest of the world must be vigilant if it hopes to escape contamination arising out of immigration, commerce, and travel. The World Health Organization and the International Union Against Tuberculosis have this as one of the largest problems facing them. *See INTERNATIONAL SOCIAL WORK.*

Age, Sex, and Racial Factors

The decline in the tuberculosis death rate in the United States and its changing impact on various age, sex, and racial groups will be better understood if recent findings are measured against protracted experience. During the thirty-five years between 1910 and 1944, tuberculosis mortality has fallen relatively rapidly. In general this decline has been greater for females than for males, and for whites than for nonwhites.

For the ten-year period between 1919 and 1928 the rates for nonwhite females exceeded those for other categories. Over the thirty-five-year period, however, the rates in general were highest for nonwhite males and lowest for white females. In 1944 the rate for white females was only one-fifth what it had been in 1918. The rate of decline among white males has been less marked, practically levelling off

since 1938. The years 1943 and 1944 witnessed an apparent upswing in tuberculosis deaths among white males, undoubtedly traceable to the withdrawal of millions of healthy young men into the armed forces.

The graph of tuberculosis mortality by age, sex, and race for 1944 shows curves of traditional pattern. In every age group the rate for nonwhites considerably exceeds that for whites. If we omit the very young, we see that males, especially white males, give a rate that increases continuously as age advances. On the other hand, the rate for females attains a peak during early adult life, followed by a slight decline up to age fifty, after which the rate increases steadily with age. Nonwhite females show a mortality peak much in excess of and roughly ten years earlier in life than that for white females. During adolescence and young adulthood, females show a mortality rate higher than do males, but at older ages the relationship is reversed, with males well in the lead.

A discussion of death rates must be coupled with a study of actual numbers of deaths. The greatest concentration of tuberculosis deaths, 44.7 per cent, occurs in the twenty to forty-four-year age group. Another one-third of tuberculosis deaths carries off persons aged forty-five to sixty-four. Thus, although the tuberculosis death rate increases with age, it does not follow that the number of tuberculosis deaths will be maximum in the elderly. There are fewer people in the older brackets.

A marked shift in tuberculosis mortality on an age basis has occurred in recent years, however. In the year 1944 as compared with 1919-1921, for example, the percentage of tuberculosis deaths had been almost halved in persons below twenty years of age. Among persons sixty-five years of age or older, the corresponding percentage of deaths due to tuberculosis had more than doubled. The necessity for a determined search for tuberculosis among persons often erroneously considered "too old to have it" is obvious.

While tuberculosis no longer leads the causes of death in this country, it claims more lives than any other disease between the ages of fifteen and thirty-five. In 1944 it was re-

sponsible for over two-fifths of all deaths among nonwhite females twenty to twenty-four years of age, and for one-third of all deaths among nonwhite males of similar age. Among white females aged twenty to forty-four tuberculosis was the cause of one-fifth of all deaths, while in white males between the ages of thirty and thirty-four years the figure was one-seventh of the deaths from all causes. Proportionately, then, tuberculosis still constitutes a major threat to young adults.

Paradoxical figures are found for incidence and death rates in Negroes and whites. Reports of the Selective Service boards from New York City and Chicago have shown higher morbidity rates for both chronic and active forms of tuberculosis in whites than in Negroes. However, the Negro death rate due to tuberculosis remains over three times that of whites. This disproportionate mortality is chargeable to a number of factors related to deplorable environmental conditions, poorer economic status, less than necessary medical and hospital facilities, and educational limitations.

Finding Tuberculosis Early

The public enthusiasm for mass X-ray programs probably stems from increasingly effective health education for which the voluntary tuberculosis associations have assumed such a large share of responsibility. Other factors have combined to render the actual filming process efficient and economical. Manufacturers of X-ray equipment are producing machines of mobile and portable types by means of which rapid-filming facilities can be transported and set up anywhere, and the films read with ease and speed. An automatic photoelectric timing device on many machines eliminates slow and bothersome individual measurements. Many X-ray teams now instruct persons being filmed that they need not disrobe at all, merely making sure that no metal or other opaque objects in pockets or clothing are within the critical area to be photographed.

Supplementing the private X-ray apparatus used by physicians and hospitals, there are now over 250 units of the photofluorographic

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or other rapid group X-ray type throughout the country. The Division of Tuberculosis Control of the United States Public Health Service, established in 1944, now has 20 such units operating on a demonstration basis upon request by state health departments.

Mass X-ray is coming into increasing vogue in industry, in educational institutions, among admissions to hospitals and to outpatient clinics, and in community-wide services. The method discovers approximately 1 to 1.5 per cent of apparently healthy persons to have significant tuberculosis, not all of which are active. Most importantly, two-thirds of the cases so found are in an early, curable stage.

As an example of the rewards of "looking for trouble," the experience in colleges and universities can be cited. During the academic year 1944-1945, in 296 colleges which conduct case-finding programs, new student cases of tuberculosis were discovered 12 times as frequently as in 149 reporting colleges having no organized program of search.

The value of the tuberculin test as a specific diagnostic aid has been underscored by findings which indicate that in certain large areas of the country much pulmonary calcification, revealed by X-ray and formerly presumed to be invariably tuberculous in origin, is due to such nontuberculous conditions as histoplasmosis, a disease caused by a fungus.

Tuberculosis Among Servicemen and Veterans

The discovery and rejection of over 150,000 cases of tuberculosis in pre-induction check-ups, the detection of over 17,000 cases during military service, the uncovering of many additional cases by the required discharge examination, and the careful reporting to state health departments of all cases so found, have geared the tuberculosis programs of the Army and Navy to the total national program.

Thanks to the efficient screening that occurred and to a declining tuberculosis rate, we can predict that the tuberculosis inroads upon veterans of the second World War will be less severe than upon men who fought in the first. At the present time deaths among veterans of World War II because of tuber-

culosis equal less than one-third those currently due to tuberculosis contracted by veterans of World War I. However, because of the large number of veterans involved and the known hazards they encountered in lands where tuberculosis was rampant, the disease will still be a major problem among men and women who served in the recent war.

Recalling the disastrous tuberculosis experience of veterans of 1917-1919, the Veterans Administration has organized its Tuberculosis Service under competent medical leadership. Appointment has been made of 13 prominent tuberculosis specialists, part time, as chiefs of geographical divisions, with 13 assistant chiefs serving full time.

Not only are veterans' tuberculosis hospitals to be staffed by well-trained medical, nursing, and other personnel, but efforts are under way to provide the greatly expanded bed capacity now urgently needed. A similar shortage of beds in civilian sanatoriums in many areas calls for vigorous action.

Treatment

Bed rest, preferably in a sanatorium or tuberculosis hospital, remains the cardinal therapeutic in treating tuberculosis, despite a warranted attack recently launched against the abuse and overuse of rest in certain other medical and surgical conditions. Surgical procedures in selected cases, to collapse temporarily or permanently or to remove the diseased lung or lobe, are widely practiced with excellent results.

No drug or serum of sure specificity and safe nature has been discovered with which to treat human tuberculosis. Several products have proved capable of controlling the tubercle bacillus in the test tube or in the bodies of laboratory animals. Limited tests with a few of the less toxic of these drugs on human patients have produced results that are encouraging, although not conclusive.

Provision of free sanatorium care regardless of ability of the patient to pay is gaining ground as a legitimate method of protecting the total public health. Several states have accordingly abolished the so-called "means test" in the provision of such care.

Unemployment Compensation

Increasing attention is being directed to thorough rehabilitation and job placement by federal and state services, voluntary agencies, and sanatorium staffs. As a result, ex-patients find themselves better prepared for safe, productive employment.

Health Education

The education of the public on the prevention of tuberculosis and on all phases of better health is being carried forward by the National Tuberculosis Association and its 2,900 affiliated state and local associations.¹ This citizens' movement, supported by the sale of "Christmas seals," aids the work of tax-supported health departments. Printed matter of all kinds, the radio, and motion pictures and other visual aids are employed in getting across the facts and in prompting people to act.

Beginning with a rounded system of school health instruction and progressing to intensive and individualized health education among adults, this assistance assures physicians, health officers, and others of public interest and support. Specialized education is provided for such key groups as tuberculous patients and their families, nurses, doctors, students, and health and welfare workers. Only through such informed and enlightened persons can action be stimulated, and the ceaseless assault upon tuberculosis coordinated into a winning battle.

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UNEMPLOYMENT COMPENSATION.¹

At the end of the first decade of its existence in the United States, unemployment compensation or insurance is still in the experimental stage. That some form of unemployment insurance is desirable is quite generally accepted, but on several major issues, such as federal versus state administration, national pooling of risks, and experience rating versus uniform contributions, there is more active difference of opinion than there was when the law was first passed. In order to see these issues in their proper light, it is well to keep in mind the origins of the existing legislation.

When the Social Security Act was passed in 1935 only one state — Wisconsin — had an unemployment insurance law on its books. There had been much discussion of the subject and a number of reports by state legislatures and several congressional committees during the preceding twenty years, but both

¹ For names of national agencies in this field listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

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employers and organized labor were in general opposed to legislation in this field. But when, after several years of mass unemployment, President Roosevelt in 1934 appointed the Committee on Economic Security, it was generally recognized that some legislation was desirable. The major issues considered at that time were whether unemployment insurance should be established on a federal or state basis, and if on a state basis what part the federal government should play. These issues were complicated by the question of constitutionality of federal legislation in this field. After much discussion the Committee recommended a system which left to the several states the actual establishment and administration of unemployment insurance but utilized federal authority to stimulate action and minimize interstate competition.

Federal and State Legislation

To accomplish these purposes the Social Security Act of 1935 provided that employers of eight or more persons, except in specified fields, were to pay a tax of 3 per cent on payrolls. The major groups excluded are workers in agriculture, in domestic service in private homes, in government service, and in non-profit organizations devoted exclusively to religious, educational, or scientific purposes.¹ It was provided further that if a state levied a tax on the same payrolls for unemployment insurance purposes, the employer could offset his state tax against the federal tax up to 90 per cent, or 2.7 per cent of payrolls. Every state could, therefore, establish a system of unemployment insurance and finance it by a payroll tax of 2.7 per cent on these employers without imposing any net additional burden on them. If a given state did not establish such a system, employers within the state were liable for the full amount to the federal government. The cost of administration was to be paid in full by the federal government. While funds for this purpose were to be ap-

propriated from general revenues, the 0.3 per cent which the federal government collected was intended to cover all such appropriations.¹ The Act makes no provision for contributions by employees. Since such contributions would not affect interstate competition, no federal action was felt to be necessary. Some states have used employee contributions as an additional source of funds, but their number is decreasing. At one time or another 10 states have had employee contributions. They have been gradually eliminated or suspended, however, until by June, 1946, only 4 states — Alabama, California, New Jersey, and Rhode Island — were collecting employee contributions.²

The fiscal provisions of the Social Security Act were even more effective than had been anticipated in stimulating states to pass unemployment insurance laws. Initially some of the sponsors of the federal legislation hesitated to let the payment of unemployment benefits rest entirely on state action lest some states might put off action indefinitely. However, every state began at once to develop appropriate legislation — indeed eight states had passed their laws before the federal Act became effective — and by July 1, 1937, the last state law, that of Illinois, went into effect. In the prevention of interstate competition the provisions of the federal Act were much less effective — as indicated later in this article.

Although the federal government pays all costs of administration, the federal Act establishes only minimum controls over either the administrative or substantive provisions of state laws. On the administrative side, it is stipulated that grants for administration shall not be made unless the state laws include certain provisions, which may be sum-

¹ As of June 30, 1946, total collections have exceeded total appropriations by about \$650,000,000. As indicated later, this has now been set apart in a separate account to be available for loans to states which may need it to meet serious drains on their unemployment insurance funds.

² Rhode Island, which originally collected 1.5 per cent from employees, has since allocated 1 per cent of this for sickness insurance; and recent legislation transfers the remaining 0.5 per cent, also for a period of two years. California has likewise recently allocated the employee contribution for sickness insurance.

¹ Several states have included under their systems types of employment not covered by the federal tax such as domestic employees and state employees. A considerable number (29 states as of June, 1946) now cover employers with less than eight employees; and sixteen of these cover employers of one or more.

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marized as follows: (a) such methods of administration (other than those relating to selection, tenure of office, and compensation of personnel) as are found by the Social Security Board¹ to be reasonably calculated to assure full payment of unemployment insurance when due;² (b) payment of benefits through public employment offices; (c) provisions for fair hearing; (d) deposit of all collections in the Unemployment Trust Fund in the federal treasury; (e) expenditure of such funds only for unemployment benefits; (f) making of necessary reports; and (g) furnishing relevant information to other agencies dealing with similar problems.

In connection with the tax provisions, it is stipulated that state laws shall be certified and that employers shall receive the tax offset only if the laws include what has become known as the labor standards provision, namely: "Compensation shall not be denied in such state to any otherwise eligible individual for refusing to accept new work under any of the following conditions: (A) If the position offered is vacant due directly to a strike, lock-out, or other labor dispute; (B) if the wages, hours, or other conditions of the work offered are substantially less favorable to the individual than those prevailing for similar work in the locality; (C) if as a condition of being employed the individual would be required to join a company union or to resign from or refrain from joining any bona fide labor organization." These are the only standards specifically prescribed in the federal Act.

It might be expected, under the circumstances, that state laws would vary widely in substantive provisions. However, there has been relatively little variation in the general

character of the plans. All states relate contributions and benefits to wages, in contrast with the usual foreign systems under which the contribution and benefits are uniform regardless of wages earned. The large majority relate the duration of benefits likewise to past earnings or employment. (In recent years there has been a tendency to pay benefits for a uniform length of time to all who are eligible.) Only four states provide benefits on account of dependents;¹ all others disregard dependents. These similarities are doubtless due, to some extent, to the fact that many states accepted the suggestions of the Social Security Board's technicians as the simplest and quickest way to get legislation which was sure to meet federal requirements.²

This does not mean that there is substantial uniformity in benefit payments throughout the nation. Because of detailed provisions in the several state laws a worker who earns \$200 in his base year, for example, may be ineligible for benefits in a number of states, while in others he may draw weekly benefits varying from \$4.00 to \$10 a week. A worker earning \$1,000 in his base year may get as little as \$166 or as much as \$400 in benefits, depending upon the state in which he has worked. This variation in benefits with the same wages has been the basis of much criticism of the present system.

The Issue of "Experience Rating"

With respect to the basic approach to the problems of unemployment the state laws fall roughly into three groups. At one extreme are the reserve account laws patterned after the Wisconsin legislation. The avowed purpose of such laws is not so much to pay benefits to unemployed workers as to stimulate employers to provide continuous employment. Under such laws a separate account is kept

¹ Abolished July, 1946, and functions assumed by Social Security Administration.

² In 1939 this provision was modified by striking out the material in parentheses and inserting the words "(including after January 1, 1940, methods relating to the establishment and maintenance of personnel standards on a merit basis, except that the Board shall exercise no authority with respect to the selection, tenure of office, and compensation of any individual employed in accordance with such methods)." As a result of this provision all state agencies are now required to operate under what are called merit systems—in effect, civil service procedures.

¹ Connecticut, the District of Columbia, Michigan, and Nevada.

² In order to facilitate the drafting of the necessary bills in the various states, the Board's staff developed a draft bill which was available to any state officials working on the matter. In many cases the language of the draft bill was adopted without change, except such as might be added to fit it into the state's legal or fiscal structure.

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for each employer's contributions; a worker's eligibility for benefits is directly related to work for a given employer; and if benefits are paid to a worker, they are charged first to the account of his most recent employer and then to other employers in inverse chronological order. If the balance in an employer's reserve account reaches a specified level, the employer's contributions may be reduced or may cease entirely, regardless of the experience of other employers and other workers. Provision is made for paying benefits to a worker even though a given employer's account is exhausted. At the other extreme are the laws providing for completely pooled funds with no provision for varying an employer's rate of contribution in relation to the stability or instability of his employment. Between these extremes are the large majority of laws which provide for pooling contributions but include some form of "experience rating" which is designed to vary the contribution rate according to the individual employer's "experience."

This issue of experience rating has been one of the most extensively debated questions in the field of unemployment insurance in the United States. The chief arguments advanced for experience rating are that it offers employers an inducement to keep unemployment among their workers to a minimum, and that it effects an equitable distribution of the costs of unemployment. The arguments against it are that benefit payments do not so much reflect employers' efforts to stabilize as they do the ordinary influences of the market. One employer in trade and another in construction may make equal efforts to stabilize, yet the one may receive a minimum and the other a maximum rate because of the nature of the occupation. Also, no methods of benefit charging under pooled fund laws have been devised which reflect unemployment directly related to a given employer's policies. It is pointed out that under most laws an employer may be charged with benefits for unemployment beginning twelve or fifteen months after the worker left his employ. To the extent that this is true, every employer becomes interested in keeping benefit payments to a minimum, and legislation to achieve this introduces again the

tendency toward interstate competition which the federal Act was designed to eliminate.

Whatever one may think of the arguments pro and con, experience rating has spread rapidly and at present is affecting practically every aspect of unemployment insurance operation. On the whole there was relatively little interest in these provisions when the laws were first enacted. The fact that the only state law in operation—that of Wisconsin—included this idea of "incentive taxation" was doubtless responsible for its incorporation in the federal Act. But as the provisions became operative and employers secured substantially reduced rates, interest in other states was stimulated; and by June, 1946, 45 jurisdictions had such provisions in their laws.¹ In some states the effective average rate of contributions for 1946 was less than 1 per cent instead of the standard 2.7 per cent of payrolls.

The Issue of State or Federal Administration

Experience to date has brought to the surface several questions related to the federal-state character of the system. The first and most obvious difficulty arises in connection with workers who move across state lines in the course of a year. Workers may have very substantial employment but because they work in several states they may not earn enough in any one state to become eligible for benefits. On the other hand, if such a worker has enough work in each of several states within a base year to be eligible, he may draw considerably more benefits than if he worked in only one state.

In order to deal with this problem of interstate movement, the state agencies have taken steps of three kinds. To avoid so far as possible splitting up the wage credits for workers who customarily cross state lines, it is provided in most laws that the term "employment" shall include an individual's entire service, where this is at all feasible, even though he works in other states.

Also, procedures have been developed so that workers who are eligible for benefits in one state, but are currently living in another,

¹ Those not included were Alaska, Mississippi, Montana, Rhode Island, Utah, and Washington.

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can file claims for benefits in the state of residence. This provides for the worker who is eligible in one or more states, but it still leaves the problem of no benefits in some cases and dual benefits in others, depending upon the distribution of earnings.

To deal with this latter problem, the state agencies have promoted a third device—a form of reciprocal agreement whereby a worker's wages earned in two or more states will be combined in determining eligibility and the amount and duration of benefits. Such reciprocal arrangements present a number of problems of a legal and administrative nature. As of June, 1946, 45 state agencies had indicated ability and willingness to subscribe to such an agreement.

Experience has indicated, too, that the financial provisions of the federal-state system leave much to be desired. It was recognized at the outset that the standard 2.7 per cent of payrolls did not provide the same level of protection in all states, but the variation has proved much wider than was anticipated. The extent of variation is indicated by the reserves accumulated in the state funds. As of March, 1946, the amount in individual state funds ranged from a high of 66 times the highest year's benefit payments in Hawaii, and 21 in the District of Columbia, to a low of 3 in Michigan and 6 in West Virginia. While the large reserves in part reflect wartime conditions, and in part also inadequate benefit payments, the differences are in the main due to the differences in the volume of unemployment in the several states. The only solution would seem to be some nation-wide pooling of risks.

Partly because of these financial problems, and partly to assure more adequate benefits more uniformly throughout the nation, it has been suggested that unemployment insurance be made a federal instead of a state responsibility. Labor organizations generally are strongly in favor of a federal system. The arguments for this are simple. Unemployment is a national problem and should be met by a nation-wide program applicable in all parts of the country, equally. It would be simpler for workers and for employers, particularly

for employers who operate in a number of states and are now subject to a variety of laws. Also, it would be more stable financially. The argument against a national system is chiefly that a state system permits adaptation to local conditions and that it is working well. Since the state system has become identified with experience rating—under which many employers pay minimum contributions, or none at all—and since the federal agency is critical of experience rating, employers generally are supporting the state system although originally they tended to favor a national system. Also, the current emphasis on "states' rights" tends to support the existing system.

Wartime and Postwar Developments

During much of the period in which unemployment insurance has been in effect, employment has been rising, primarily due to wartime activities, and the system was not put to any severe test. There was fear at first that it would fail under the impact of conversion to war production or, later, reconversion to peacetime activities. But while there were difficulties, the system as a whole operated quite smoothly. The number of persons receiving unemployment insurance payments increased sharply when war production stopped, but did not rise to alarming levels. The total amount paid in benefits in 1945 amounted to \$445,866,000, while contributions were \$1,161,884,000 during the same period. The largest average weekly number of recipients was 1,632,000 in February, 1946. By April the number had decreased to 1,404,000.

The chief criticism throughout this period has been that benefits are inadequate in view of present wage levels and cost of living; and relatively little has been done to increase benefits. Also it has been pointed out that while benefits for an unemployed individual are, in general, something like one-half of his previous earnings (subject to a maximum), because of various limitations on eligibility and on duration of benefits only about 10 per cent of total wages lost by insured workers have been made up by unemployment insurance

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payments.¹ This is not because funds are inadequate. The trust funds of most states have been increasing rapidly; and in spite of drains during the postwar months of reconversion, the unemployment trust fund for all states combined increased by more than \$800,000,000 in the year 1945, and by April 30, 1946, amounted to approximately \$6,660,000,000. Many states could pay maximum benefits to every insured worker in the state and still have funds left. Indeed, these funds are considered sufficiently large so that the Social Security Board recommended reducing the federal tax from 3 per cent to 2 per cent in the expectation that state laws would be changed accordingly.

War experience has led to other developments which may be significant for the future. Soon after the declaration of war, the public employment service was transferred to the federal government for operation. See EMPLOYMENT SERVICES. Since the state agencies were still required to pay benefits through public employment offices, this involved important modifications in state procedures. Also, there were proposals from time to time for providing special benefits to persons who might be unemployed as a result of conversion to war production, or reconversion to peacetime activities. All such proposals would have involved more federal participation and all were rejected. In May, 1945, President Truman in a special message to Congress stressed the need, during the reconversion period, for extending coverage to government workers, maritime workers, and others, and for increasing benefits. He repeated this recommendation in another message on September 6, but no action was taken. The only significant legislation resulting from all this discussion was what is known as the "G.I. Bill of Rights." This provides for returning veterans much more liberal benefits than are provided by any state law. The unemployed veteran may receive \$20 a week for fifty-two weeks within the two years following his discharge. The general conditions regarding registration requirements, disqualifications, and

so forth, are similar to those in the state laws. See VETERANS' BENEFITS AND SERVICES.

One other important action was taken in the War Mobilization and Reconversion Act of 1944. This recognized the fact that in a period of mass unemployment some state funds may be seriously depleted, and provided for federal assistance under such circumstances. The Act provides in Titles IV and XII that the excess of federal tax collections under the Federal Unemployment Tax Act over the total unemployment administration expense shall be placed in a separate account in the Unemployment Trust Fund and used to assist states whose funds threatened to become exhausted, provided the states meet certain prescribed standards. The money so "advanced" to a state is to be repaid without interest as soon as the state's fund again reaches a prescribed level. The "advance" is thus only a loan, but the principle of spreading the risk beyond the single state is recognized; and if economic conditions should require substantial "advances" of this sort, it is more than likely that a full-fledged national pooling of risks would result.

Another development which may prove important is the Social Security Board's recommendation for changes in the basic approach of the Social Security Act to the question of unemployment insurance. In its *Tenth Annual Report* (1945) the Board, while repeating its conviction that a national system would be more effective, recommended further improvements in the present system and suggested a re-examination of the "grant-in-aid" approach instead of the present "tax offset" system. Such a grant-in-aid system would substitute a reduced unemployment tax without offset provisions for the present 3 per cent tax with the 90 per cent offset. Out of the proceeds of the federal tax, the federal government would provide grants to states to help finance both administrative costs and benefit payments. This would lead to control of state administrative expenses by the state government instead of putting the whole responsibility on the federal government. Also, it would result in substantial spreading of the costs of unemployment insurance benefits. The chair-

¹ See Lester, *infra*.

man of the Social Security Board, in discussing this suggestion before the congressional committees, pointed out that the grant-in-aid plan was considered when the Social Security Act was first passed but it was doubted that such a plan would provide sufficient stimulus to states to initiate their unemployment insurance systems. Now that all states have such laws, he said, the advantages of a federal grant-in-aid system should be reviewed.

While the arguments presented for such a grant-in-aid approach seem convincing, representatives of state agencies and other interested organizations have opposed any change in the present system. They have even opposed a reduction in the federal tax rate from 3 per cent to 2 per cent. It was contended that rates should be reduced only through individual employer experience rating and that a grant-in-aid provision would involve further federal controls and therefore was undesirable. At present (September, 1946) it appears that this argument will prevail. It seems likely that as long as employment conditions are such that a large proportion of employers can get reduced rates through experience rating, and state funds are not in danger of being depleted, there is little prospect of any important change in the prevailing system.

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• GEORGE E. BIGGE

VETERANS' BENEFITS AND SERVICES¹ have been provided in the United States to ex-servicemen, and under certain circumstances to their dependents, in all periods of the nation's history. Various forms of federal provision have been made, including both monetary payments and, in more recent years, a growing range of services. In addition, state and local governments and a number of vol-

¹ For addresses of periodicals listed, see Appendix A. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

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untary agencies have participated in veterans' service activities.

Until 1917 federal benefits were confined to pensions, land grants (the latter ending in 1855), and domiciliary care for the disabled in soldiers' homes. The War Risk Insurance Act and amendments (in 1917-1918) established "compensation" for service-connected disability and death, in an attempt to divest veterans' benefits of the opprobrium of the term "pension." Government life insurance, hospitalization, and vocational rehabilitation were then provided for the first time in history (hospital care but not the other benefits being extended to veterans of earlier wars). Following World War I, and with far greater intensity following World War II, there has been emphasis on services in contrast to monetary benefits. Major importance was being placed in 1946 on getting the veteran back into the full stream of civilian life, in the conviction that the public interest could thus best be served.

By the end of July, 1946, more than 12,500,000 men¹ had been discharged from service in connection with World War II, and nearly 3,400,000 were still in uniform. To assist in their conversion from military to civilian status and to provide continuing benefits and services where required, the Veterans Administration was reorganized, special legislation enacted, and community programs of retraining, re-employment, and referral to needed services established. State and federal provisions for giving veterans preference in employment, housing, the obtaining of loans, and other areas were enacted. Some of the total provisions thus made for the veterans of World War II are new in purpose and form, while others are modifications of pre-existing programs.

Federal Action 1940-1946

The major legislative actions of the federal

¹ There will be some 375,000 women veterans of World War II, comprising the Women's Army Corps, women's reserves of the Navy, Marine Corps, and Coast Guard, and medical corps personnel such as women doctors (Army), nurses, physical therapists, dietitians, and so forth. These women, upon discharge, have the status of veterans, with the same rights and benefits as other veterans.

government with respect to the veterans of World War II have been the following:

1. Provision, in the Selective Training and Service Act of 1940,¹ of assurances to the serviceman of re-employment upon conclusion of the period of training and service. Responsibility for effectuating this was initially placed in the local boards of the Selective Service System. The terms of this provision, however, even after amendment, proved to be ambiguous and unsatisfactory. Problems arose in connection with conflicting claims for seniority status² as between the veteran and the worker who had remained in civilian employment. Responsibility for assisting veterans to return to their previous employment was transferred from the Selective Service System to the United States Employment Service by executive order in July, 1946.

2. Enactment in March, 1943, of Public Law 16, 78th Congress, providing vocational rehabilitation for handicapped veterans whose disability resulted from an injury received or disease incurred in World War II and whose handicap can be overcome by training. The Veterans Administration arranges courses with recognized educational institutions and training establishments, supervising the training and paying all costs connected with it. Subsistence allowances ranging from \$65 upward are provided in addition. Veterans may also be eligible for training under the civilian rehabilitation program. *See VOCATIONAL REHABILITATION.*

3. Establishment in February, 1944, of the Retraining and Reemployment Administration in the Office of War Mobilization and Reconversion. The Administrator of Veterans Affairs (the head of the Veterans Administration) was named the Administrator of the Retraining and Reemployment Administration. In May, 1944, he issued a directive calling for the establishment in each state of a Veterans Service Committee representing the Selective Service System, the War Manpower Commission, and the Veterans Administration: the

¹ Public Law 783, 76th Congress.

² The Supreme Court ruled in May, 1946, that veterans' seniority on the job is based on actual employment prior to induction, and does not include the term of military service.

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purpose being to promote the setting up in every locality of 10,000 or over of a single informational and referral service for veterans. Approximately 2,700 such local centers were established. Extended by law¹ in October, 1944, the Retraining and Reemployment Administration was transferred to the Department of Labor by executive order in September, 1945.

4. Passage, in June, 1944, of the Servicemen's Readjustment Act, or "G.I. Bill of Rights."² This legislation makes three major provisions:

Readjustment allowances covering periods of unemployment occurring after discharge from military service and not later than two years after the end of the war. Eligibility requirements are: discharge under conditions "other than dishonorable"; at least ninety days of active service in World War II, or discharge for disability or injury incurred in service in World War II; and residence in the United States (or its territories or possessions) when the claim is filed. The basic unemployment benefit is \$20 a week, with a minimum duration of eight weeks and a maximum of fifty-two weeks. Readjustment allowances are administered by the Veterans Administration with the cooperation of state unemployment insurance agencies. At the end of June, 1946, more than 2,000,000 veterans were drawing readjustment allowances.

Educational and training provisions. Veterans qualifying under the terms listed in the above paragraph are entitled to academic, professional, technical, or apprenticeship training for a period of up to four years, depending upon length of military service and other factors. The Veterans Administration pays tuition and other customary charges up to \$500 a year, plus a subsistence allowance ranging from \$65 to \$90 a month. Courses must begin within four years after the official termination of the war, or within four years after the applicant's discharge from military service if that occurs earlier. Veterans who have not completed high school must rely largely upon on-the-job training. By June, 1946, almost 3,000,000 veterans had applied for education and training, and about 1,000,000 were en-

rolled in courses. Academic educational facilities were proving inadequate to meet the demand. In August, 1946, serious criticism was voiced by the Administrator of Veterans Affairs concerning both veteran and employer abuses of the on-the-job training program, as a result of which the standards for approved apprenticeships were considerably tightened.

Loan provisions. A loan guaranty system is available to veterans who wish to borrow money for the purchase, construction, or alteration of homes, farms, or business property, or for equipment needed for farms or business enterprises. Loans are made by local banks and loan associations and are endorsed by the government through the Veterans Administration. The maximum guaranty is 50 per cent of the total loan or not over \$4,000. The interest rate must not exceed 4 per cent. By July 15, 1946, veterans had borrowed \$805,000,000 under this provision, of which 45 per cent was guaranteed by the Veterans Administration.

5. Passage in July, 1946, of legislation¹ awarding terminal leave pay to enlisted personnel in amounts based on the rate of base and longevity pay at the time of discharge, plus a minimum of 70 cents a day for subsistence. Government estimates placed the total cost of this legislation at \$2,700,000,000 and the total number of recipients at 15,000,000. See *SERVICEMEN*.

6. Passage throughout the war years and the immediate postwar period of a number of other legislative acts dealing with pension and compensation, hospitalization, and other basic elements in the total program of veterans' benefits. The main provisions resulting from this legislation are discussed below.

7. The Social Security Act Amendments of 1946 (Public Law 719, 79th Congress) touch veterans of World War II at two points. In the event of a veteran's death within three years after discharge, a minimum average monthly wage of \$160 is credited, for computation of benefits or lump-sum payments to survivors under the old age and survivors' insurance provisions of the Act. The relationship between social security and Veterans Administration benefits is also clarified.

¹ Public Law 458, 78th Congress.

² Public Law 346, 78th Congress.

¹ Public Law 704, 79th Congress.

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Pension and Compensation

With few exceptions, benefits available to veterans of any wartime or peacetime service are administered by the Veterans Administration. Such benefits may be in the form of "pension" or "compensation." By legislation enacted in July, 1946,¹ the term "pension" is now used in connection with all cases where disability or death is not due to military service. On the other hand, "compensation," which formerly connoted only World War I service-connected benefits, is the term now used to describe benefits paid for disability or death due to any wartime or peacetime service. Pension is payable only to veterans of war service; and when all such service took place after the Spanish-American War, it is payable only when disability is permanent and total. Death pension is paid to the widow and children, but not to the parents, of a deceased veteran.

Compensation provisions for veterans of World War II follow closely those for World War I. Compensation may be paid for disability incurred in or aggravated by service on or after December 7, 1941, if 10 per cent or more disabling.² Amounts range from \$11.50 to \$115 a month for disabilities ranging from 10 to 100 per cent, with additional amounts for such disabilities as blindness, anatomical losses, and so forth. In August, 1946, legislation³ was enacted authorizing the payment of full compensation to hospitalized veterans—a group which had previously been limited to \$20, and in some cases \$8.00, of their full monthly benefits.

Hospital and Medical Treatment

Hospital and medical treatment of veterans is provided by the Veterans Administration. In July, 1946, there were 106 veterans' hospitals being administered by the Veterans Administration, 47 for general medical cases, 33 for neuropsychiatric cases, 14 for tuberculous patients, and the remainder with combined functions. Construction of 78 additional hos-

pitals by July 1, 1948, had been authorized by Congress. The policy of the Veterans Administration before its reorganization in 1945 had been to locate hospitals in communities away from metropolitan centers. Under the new administration this policy is reversed in order to place new hospitals as close to medical centers and universities as possible. The Veterans Administration has been forced by the mounting need for care to take over surplus Army and Navy hospitals, extend the use of contract hospitals, develop more outpatient provisions, and reduce the average stay in hospital by more expeditious methods, particularly by lessening the "paper work" required of doctors.

More than 50 per cent of all patients in veterans' hospitals have neuropsychiatric disabilities. To provide proper care for these the Veterans Administration has developed a training program for resident psychiatrists. New mental hygiene clinics are being established by the Veterans Administration, and a number of others are utilized on a contract basis. *See MENTAL HYGIENE.*

For the deaf and hard of hearing among the veterans, three aural rehabilitation centers are being established. *See THE DEAF AND THE HARD OF HEARING.* Blinded veterans (of whom there are some 1,375 from World War II) are being assisted by vocational training officers assigned by the Veterans Administration to Army and Navy hospitals and by follow-up service through nine centers established for that purpose by the Veterans Administration. *See THE BLIND.* Paraplegics, the tuberculous, and the severely wounded are recipients of special services and treatment.

More than 1,000 positions have been authorized for employment of medical and psychiatric social workers in veterans' hospitals and Veterans Administration offices. *See MEDICAL SOCIAL WORK AND PSYCHIATRIC SOCIAL WORK.* Volunteers are utilized for personal and recreational services. *See VOLUNTEERS IN SOCIAL WORK.* Rehabilitation problems of the severely handicapped are considered in conference by teams, on which physicians, medical and psychiatric social workers, psychologists, occupational and physical therapists, and others serve. On June 30, 1946, 87,908 veterans were hospi-

¹ Public Law 494, 79th Congress.

² A 15 per cent increase in amounts became effective July, 1944, for veterans of both wars.

³ Public Law 662, 79th Congress.

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talized by the Veterans Administration. Of these, 76,285 were in veterans' hospitals, the remainder in contract and other government hospitals. Of the total, 37,838 were veterans of World War II.

Veterans of Earlier Wars

In the foregoing paragraphs emphasis has been placed on the benefits and services available to veterans of World War II. Provisions for the veterans of earlier wars have constituted a somewhat similar pattern. Limitations of space in this article prevent their discussion, important as they are to the subject under review.¹

Community Planning and Services

As World War II progressed toward its conclusion, the imminence of the return of millions of servicemen to community life increasingly challenged the interest of national, state, and local leaders. In early 1944, as has already been noted, the federal Retraining and Reemployment Administration was established and undertook to promote the local organization of informational and referral centers which would assist the veteran to find his way back to a job and a normal place in the community. At the same time many communities were proceeding on their own initiative to set up mayors' committees and other coordinating groups for the same purpose.

Community response to the needs of the veteran for guidance has proved to be very uneven, with some localities having a number of unrelated coordinating groups and others having no veterans' referral agency of any type. Where the problem has been solved most satisfactorily a strong central agency has been established with offices in a prominent location and with a staff skilled (a) in helping the veteran-applicant to understand his own needs and (b) in referral to established community agencies where assistance could be given in meeting these needs—whether for employment, housing, or social service.²

Social work agencies, aware that they have

an important role to play in this "reconversion" of the serviceman to civilian life, have geared many of their activities to this task and participated in many parts of it. A number of national agencies, represented on the National Committee on Service to Veterans (formerly functioning under the auspices of the National Social Work Council and now an integral part of the National Social Welfare Assembly), produced in 1945 a guide to community action entitled *The Home Town Job* and in 1946 a second booklet entitled *Veterans on the Move* (both *infra*). Public welfare departments, family service and travelers' aid agencies, youth-serving organizations, all have modified their programs to include services to veterans as members of their larger clienteles. The American Red Cross has emphasized service to veterans in its home service program, in keeping with its traditional practice of serving both veterans and servicemen.

Great emphasis has been placed by community agencies on counseling as a service to veterans. Such counseling has been in connection with vocational, educational, social, or other needs and has been rendered by persons of all degrees of competence and in a wide variety of agency settings. See GUIDANCE AND COUNSELING.

Other Provisions

1. Housing priorities. The housing shortage, which had begun to assume crisis proportions by mid-1945, necessitated special action on behalf of veterans. Federal action was taken to expedite the construction of low-cost homes, and veterans are given preference in building, buying, or renting these houses. Despite these provisions the problem of shelter remained throughout 1946 one of the most critical for ex-servicemen to solve. See HOUSING AND CITY PLANNING.

2. Homesteading and farming. Veterans have always been land-hungry. Following earlier wars the provision by the federal government of land for homesteading was one of the preferred means of caring for ex-servicemen's needs. In this generation, however, the amount of public land still available for this purpose is infinitesimal; and as a result emphasis is

¹ See "Veterans" in *Social Work Year Book 1941* and *Social Work Year Book 1943*.

² See Buell and Robinson, *infra*.

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being placed on the making of long-term loans for the purchase of farms, livestock, and equipment. Under legislation enacted in 1944, veterans of World War II have a ninety-day preference in homestead entry for such public lands as are still available. (Earlier provisions for other veterans have expired.)

3. Surplus property. The Surplus Property Act of 1944 included a preference for veterans in the disposal of government war surpluses. On veterans' complaints that many other groups held higher priorities, the Act was amended¹ in 1946 to give veterans a priority second only to governmental agencies.

4. Immigration and naturalization. Alien spouses and minor children of United States citizens serving in or honorably discharged from military service in World War II may be admitted to the country under the so-called "War Brides Act" of 1945,² which waives the usual health and visa requirements of immigration laws. An act of July 31, 1946 (Public Law 571, 79th Congress), clarifies the nationality of children born abroad who have an alien mother and a serviceman father. A second piece of legislation,³ enacted in June, 1946, facilitates the admission of alien fiancées of the servicemen of World War II.

5. Life insurance. The government insurance purchased by servicemen under the National Service Life Insurance Act of 1940⁴ is convertible to standard forms of coverage at the conclusion of military service. The government has provided liberal terms of reinstatement for those veterans who have dropped their insurance or allowed it to lapse. In August, 1946, a total disability provision was added so that disabled veterans are now benefited where previously only death benefits were payable.

6. Federal civil service. Under the Veterans Preference Act of 1944⁵ all ex-servicemen receive a five-point addition, and disabled veterans a ten-point addition, to grades earned in examinations for the federal civil service. Preferences apply in certification, appointment, re-

instatement, re-employment, and retention in civilian positions. In some circumstances these preferences apply to the wives and widows of veterans. Under an executive order issued by the President in March, 1946, all federal civilian employees holding war-service appointments or applying hereafter must take examinations in competition with veterans.

7. State legislation. All states enacted considerable veterans' legislation following World War I and have extended it to the veterans of World War II. Forty-five states have established departments of veterans' affairs under various designations. Preferences are given to ex-servicemen in the civil service provisions of 37 states. Other special provisions relate to the recording of military discharges, giving of unemployment compensation credit for time spent in military service, retention of legal residence during absence on military duty, affording of guardianship protection, and so forth. Twenty states paid a bonus to veterans of World War I, and three have extended this to the veterans of World War II. Special forms of public assistance are provided to veterans in 26 states.

Agencies in the Field

1. The Veterans Administration. This federal agency, under the terms of the Consolidation Act of 1930, administers practically all the benefits and services guaranteed by law to veterans and their dependents. Its directing head is the Administrator of Veterans Affairs.

A major reorganization of the Veterans Administration occurred in September, 1945. At that time General Omar N. Bradley became Administrator, and changes in policy and procedure were made at many points, particularly in the Department of Medicine and Surgery. Greater decentralization of functions was accomplished through the establishment of branch offices. There are now 13 branch offices and 59 regional offices distributed throughout the United States. There are also offices in Alaska, Hawaii, the Philippines, and Puerto Rico.

2. Veterans' organizations. Some 220 new veterans' organizations and clubs have been formed during and since World War II. The

¹ Public Law 375, 79th Congress.

² Public Law 271, 79th Congress.

³ Public Law 471, 79th Congress.

⁴ Public Law 801, 76th Congress.

⁵ Public Law 359, 78th Congress.

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two largest, organized nationally, are the American Veterans Committee and the American Veterans of World War II. Veterans of the recent war are admitted to three of the veterans organizations formed after World War I: namely, the American Legion, the Disabled American Veterans, and the Veterans of Foreign Wars.

Many of the smaller organizations have specific interests and purposes as is evidenced by their names: for example, the Bilateral Leg Amputee Club of America, the Blinded Veterans Association, the Paralyzed Veterans Association, and the Medical Veterans Association.

Assistance to veterans in the presentation of their claims for government benefits is an important function of four of the national veterans' organizations: the American Legion, the Disabled American Veterans, the United Spanish War Veterans, and the Veterans of Foreign Wars. In addition to these organizations and the American Red Cross, the Veterans Administration recognizes 15 other national and 42 state agencies as agents for the presentation of claims. To date the American Veterans Committee and the American Veterans of World War II are the only organizations formed during or since World War II that have been recognized by the Veterans Administration as claims agents.

3. The American Red Cross. This agency, under its congressional charter, has provided services to the armed forces and veterans, and their dependents, continuously since 1917. It is authorized by law to assist veterans in presenting their claims for government benefits. Its home service program, shared in by chapters in every county, gives family service, financial assistance, referral service, and assistance with claims.

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VOCATIONAL REHABILITATION¹ is a service designed to conserve the working usefulness of disabled human beings. The number of men and women who, through disability, are limited in their capacity to contribute to the productive effort of the nation has never been accurately determined, as the United States has no facilities for obtaining substantial periodic information on the extent of disability in the population. Fragmentary information is available on disabilities which result from injuries and diseases due to employment, but these are only a small fraction of the total. Special surveys provide data which can be used in estimating the amount of disability, but great care must be taken to account for the circumstances under which they were collected and the experiences they describe.

The National Health Survey² provides the best basis for an estimate of the number of disabled civilians. This survey was a Work Projects Administration project made during the winter of 1935-1936 under the direction of the United States Public Health Service. About 2,500,000 persons in 83 cities were included in the canvass. Survey returns applied to the general population showed some 6,000,000 persons disabled on an average winter day. Comparison with other sources, however, indicate substantial underreporting of a

number of chronic disabilities, most notably cancer, tuberculosis, and blindness—especially with reference to institutional cases. The Social Security Board,¹ making use of the findings of the National Health Survey and of other data and adjusting them for these limitations, estimates that on an average day there are approximately 7,000,000 disabled persons in the United States. These are persons of all ages who, because of defects with which they were born, accidents, or disease, are unable temporarily or permanently to engage in gainful occupations or to follow other normal pursuits. In the population as a whole 51 per cent or 3,600,000 of the disabled had a disability which lasted less than six months. Forty-nine per cent or 3,400,000 had disabilities that lasted six months or more, and 37 per cent or 2,600,000, one year or more. The Social Security Board has indicated that of these 7,000,000 disabled persons, about 3,250,000 would have been in the labor force had they not been disabled. Of this group, approximately 1,500,000 had disabilities of six months or more duration.

Another estimate, also based on the National Health Survey, separated handicapped persons into three groups with reference to their employability. This estimate indicated that 1,200,000 disabled persons are in need of rehabilitation services, including vocational training and possibly medical care, before they can obtain employment; and that an additional 400,000 persons are so severely handicapped that they are in need of extensive rehabilitation service and sheltered employment. Allowing, then, for underestimation especially of the mentally handicapped, we can accept the figure of 1,500,000 to 2,000,000 as the number of persons who could be added to the labor force after successful vocational rehabilitation service.

Estimates on war-caused disabilities indicate that about 1,400,000 veterans of World War II (as of April 30, 1946) were receiving pensions for service-connected disabilities. On the other hand, somewhat over 91,000 veterans had been receiving services under Public

¹ For names of national agencies in this field listed in *DIRECTORY OF AGENCIES* in Part Two, see *INDEX* under the title of this article.

² See U.S. Public Health Service, *infra*.

¹ Abolished in July, 1946, and functions transferred to Social Security Administration.

Law 16, the Veterans Rehabilitation Act, with some 75,000 actually in training or in a job placement as of that date. There were some veterans entitled to be trained under Public Law 16 who chose training under Public Law 346, the program for nondisabled veterans. The number of such veterans was not available. *See* VETERANS' BENEFITS AND SERVICES.

Beginnings of the Federal-State Rehabilitation Program

While World War I gave the impetus which resulted in a federal-state program of vocational rehabilitation, other movements have played their part in emphasizing the magnitude of the problem and thus making it possible for the idea of vocational rehabilitation for all the disabled—not only for the wounded soldier—to gain wide public support. As early as the 1890's a number of charity organization societies had established employment bureaus for the handicapped. The Social Research Committee of the Russell Sage Foundation, in cooperation with the Bureau for the Handicapped of the New York Charity Organization Society, made an investigation in 1908 of employment opportunities for the handicapped. The study indicated the need for "trade training as the most propitious solution of the problem."

From those charged with administering workmen's compensation laws, however, came the most direct and substantial support for a public provision of vocational rehabilitation. To them it was immediately apparent that the seriously injured workman needed retraining which often necessitated an entirely new occupation if he were to be successfully readjusted.

The crippled children's programs, too, were beginning to recognize the need for preparing handicapped young people for occupations by which they could earn their living. *See* CRIPPLED CHILDREN.

Thus it was that as soon as the rehabilitation of the soldier of World War I was considered, there were many voices to urge like consideration for civilians disabled by accidents and disease.

In 1920, Congress enacted legislation ex-

tending grants of federal funds to help states to develop programs for the vocational rehabilitation of the disabled. This law, the Vocational Rehabilitation Act of 1920, although representing permanent legislation, required periodic congressional action to authorize appropriations. Not until 1935 did Congress make permanent authorization of appropriations "to continue to carry out the provisions and purposes" of the Vocational Rehabilitation Act of 1920. With this legislation, all 48 states, the District of Columbia, Hawaii, and Puerto Rico undertook vocational rehabilitation programs. Though limited in scope and funds, these pioneer years were meaningful because they furnished the foundation for experience necessary to demonstrate the utility of serving the disabled, and helped to determine the tools necessary to do the work.

The Barden-LaFollette Act of 1943

Recognizing the limitations of the existing legislation and the unmet needs of the disabled, as well as the war manpower potentialities of the disabled group, Congress in July, 1943, enacted a series of amendments to the Vocational Rehabilitation Act of 1920. This legislation was incorporated in Public Law 113, known as the Barden-LaFollette Act.

Under the provisions of this Act the mentally as well as the physically handicapped may be served; the blind may be rehabilitated on the same terms as other groups of the disabled; and there is specific provision for war-disabled civilians. The last-named group are defined as merchant seamen and members of the aircraft warning service, civil air patrol, and citizens' defense corps, injured in the line of duty. By interpretation of the Act, a disabled veteran belongs to the general class of disabled civilians, and as such he may be entitled to service under the same conditions as any other disabled civilian.

Federal fiscal provisions have been considerably liberalized under the new law. The federal government is now permitted to assume necessary state administrative costs and the cost of vocational counseling and placement. The cost of medical treatment, vocational training, and similar services for the

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usual civilian group of handicapped persons is shared by state and federal governments on a 50-50 basis; while the cost of services to war-disabled civilians is fully reimbursed by the federal government.

The most significant new provision authorizes the use of federal funds for the physical restoration of the handicapped, so that they may as nearly as possible approximate normal work capacity. There are certain limitations, however, with respect to physical restoration services. In the first place, the services to be rendered must be expected to reduce substantially, or to eliminate, the employment handicap. Also, treatment may only be given for conditions which are relatively stable and remediable. These requirements differentiate the conditions to be treated under the program from ordinary acute illness. They do not, however, imply that the end results of a progressive illness must be awaited before rehabilitation can be started. For instance, it would not be necessary to await the onset of total blindness before a person with glaucoma could be treated as a part of his rehabilitation. Hospitalization is limited to a period of ninety days for any one disability. This limitation distinguishes the vocational rehabilitation program from programs providing long-term care for chronic illness.

Office of Vocational Rehabilitation

The Office of Vocational Rehabilitation, set up under the Act as a constituent unit of the Federal Security Agency,¹ coordinates the services and activities for the civilian disabled. Along with general duties of guidance and leadership to the states in program operations, the Office of Vocational Rehabilitation has certain specifically fixed responsibilities for the establishment of standards in various areas of service, technical assistance to the states, and certification of federal funds for grants-in-aid upon the approval of state plans which meet the requirements of the authorizing act of Congress. Such state plans, setting forth basic policies and procedures and administra-

tive organization for carrying out a program of rehabilitation, as required by the Act, are submitted by state agencies for vocational rehabilitation and by commissions for the blind.

To carry out these responsibilities the Office of Vocational Rehabilitation is organized into two functional divisions. The first is the Division of Rehabilitation Standards, comprising four sections: Physical Restoration; Services for the Blind; Advisement, Training and Placement; and Research and Statistics. The second is the Division of Administrative Standards, comprising two sections: Management Standards, and Fiscal Standards and Control. In addition, the Director's Office maintains an Informational Service to furnish guidance and leadership to the states in conducting their programs of public information. Eight regional offices have been established to maintain close working relations between the states and the federal office.

The Division of Rehabilitation Standards is concerned with the development of standards and techniques for improvement of counseling to determine residual abilities upon which to build, as well as the development of better training and placement methods; the development of professional standards for physicians, hospitals, and other facilities providing physical restoration service under the state programs; auxiliary services in the field of medical social work, nursing, psychiatric social work, and physical therapy; definition of the policies and plans for various groups of disabilities; development of standards of service for the rehabilitation of the blind; and research and study on problems of disablement and the development of studies for program plans.

The Division of Administrative Standards is responsible for developing policies, standards, and procedures with respect to organizational structure and methods; administration and personnel practices; and the granting and control of funds.

One of the major functions of the Office of Vocational Rehabilitation has been to formulate cooperative agreements with those voluntary and official agencies which have relation to vocational rehabilitation. These agreements

¹ Placed in the Office of Special Services of the Federal Security Agency by the President's Reorganization Plan No. 2, effective July 16, 1946.

are joint statements of principles and procedures which delineate the functions of each of the cooperating agencies with respect to their functions in the field of service for the disabled. The agreements effected at the national level are implemented by working agreements at the state and local levels.

State Divisions of Vocational Rehabilitation

In the state divisions of vocational rehabilitation, functioning under the state boards of vocational education, is vested the responsibility of providing rehabilitation services to all disabled persons living within the states except, in some cases, the blind. In the latter instance, state agencies for the blind may provide services to that group where legal authority exists for so doing. Where such authority does not exist, rehabilitation of the blind is a function of the state rehabilitation agency which in all states provides services to the visually handicapped who do not come within the legal definition of blindness.

Determination of eligibility of an individual for service is a responsibility of the states and is based upon three basic principles:

A person must be of employable age.

An occupational handicap must exist by reason of disability.

The individual may be rendered employable or more advantageously employable through rehabilitation services.

The Vocational Rehabilitation Process

The vocational rehabilitation process involves seven basic steps, all or part of which may be required for the successful adjustment of the disabled individual:

1. Finding the disabled person promptly, so that rehabilitation may begin before hopelessness sets in. The activities of each rehabilitation worker include the maintenance of community contacts for the location of disabled persons as early as possible after disability occurs. Referrals are made by agencies which have state-wide coverage, such as the public employment service, department of education, department of public welfare, department of health, department of agriculture, workmen's compensation commission, Selective Service System, American Red Cross, and

crippled children's society. Referrals also come from social agencies, city and county officials, doctors, hospitals, churches, private citizens, and the disabled themselves.

2. Medical and vocational diagnoses. A thorough medical examination is provided each applicant for vocational rehabilitation to determine his eligibility for services and to ascertain his ability to meet the physical demands of jobs. From this, a medical diagnosis is made. Similarly, a vocational diagnosis is made by interviews and tests of aptitudes and interests, and by a knowledge of the education, work experience, and other characteristics of the individual which would facilitate or hinder satisfactory vocational adjustment. These two diagnoses form the basis for determining an appropriate rehabilitation plan which is formulated in cooperation with the disabled person and undertaken by him.

3. Guidance and counseling of the disabled individual. The continuous service that binds all of the vocational rehabilitation services into an organized plan is that of vocational guidance and counseling, which begins with the initial interview and runs through to satisfactory placement in employment. Counseling helps the disabled person understand his assets and liabilities, the causes of his present problems, and the steps necessary to correct these difficulties. *See GUIDANCE AND COUNSELING.*

4. Provision of physical restoration. The physical reconstruction of a disabled individual may include any type of medical or allied service which will aid in eliminating or substantially reducing his disability as an employment handicap. Included are medical, surgical, and psychiatric services; physical and occupational therapy; hospitalization; dentistry; care in a convalescent or nursing home; drugs and other medical supplies; and prosthetic appliances of all types.

5. Vocational training. The training provided is intended as one means of preparing for suitable employment and includes academic and manual training as well as prevocational, vocational, and supplementary training. Whatever type of training is provided must be directed toward the achievement of a definite vocational goal.

6. Provision, as may be necessary, of certain auxiliary services such as maintenance; transportation; books and other training materials; and occupational tools, equipment, and licenses.

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7. Placement of the disabled individual in employment. The employment selected must be such as will make the best use of the individual's skills and abilities and must be selected with due safeguards against the recurrence of the disability.

It will be seen that the process of rehabilitation centers around assisting the client in reaching an appropriate occupational objective. It is necessary therefore for the rehabilitation worker to understand the individual in relation to the job objective. In this area, that of occupational diagnosis, the counselor must be highly skilled. Since there are many concomitant problems related to the occupational adjustment of a disabled person, the counselor must also be able to appreciate, as well as to coordinate, the contributions of other specialists such as the doctor, the medical social worker, the psychiatric social worker, the placement specialist, and others; and to make discriminating use of a wide variety of services and community resources. The basic skills are essentially those of the social case worker — with emphasis, however, on skills in assisting the client in reaching an appropriate job objective.

Specialized Voluntary Agencies

The voluntary agencies in the field of rehabilitation, unhampered by legislative restrictions and administrative limitations, were able early to develop the treatment stage and thus to establish numerous facilities for providing rehabilitation services, including physical restoration. Most of the voluntary agencies work chiefly in a single field of disability, such as those relating to tuberculosis, mental disorders, sight impairment, or hearing defect. *See THE BLIND, THE DEAF AND THE HARD OF HEARING, MENTAL HYGIENE, and TUBERCULOSIS.*

Specialized facilities had their beginnings as early as 1848 when specialized employment was initiated in Massachusetts. At present there are over 500 workshops with specialized facilities in existence in the United States. They are concerned not only with the physically disabled but with the mentally defective, the delinquent, and the aged. Except for a few

curative workshops, these services are addressed largely to vocational training and employment. In another area, that of health, the voluntary agencies have played their most important part. Typically they have concentrated on combating specific diseases or classes of disabilities that affect large numbers of people. Recent estimates indicate that there are some 3,000 agencies in the field of tuberculosis, 1,500 in cancer, 1,700 dealing with crippled children, and 2,600 dealing with poliomyelitis alone. There is less well-developed coverage by agencies interested in epilepsy, diabetes, heart disease, and psychiatric disorders. The national voluntary agencies organized in 1942 the Council on Rehabilitation (since 1943 the National Council on Rehabilitation) which includes in its membership the medical professions and social and other agencies interested in special disabilities. The Council acts as a medium of exchange of information on all phases of rehabilitation, and as an advisory body to all agencies concerned with rehabilitation.

Notable work with respect to the severely handicapped is being undertaken in many localities. The work of the Institute for Crippled and Disabled, in New York City, and of the Rehabilitation Center, in Cleveland, are well known. In both of these institutions, physical as well as vocational rehabilitation has been carried on through the years in specialized workshops. There are, of course, many other such agencies scattered throughout the country, where notable work is being carried out. Among them are the Detroit League for the Handicapped; the Boston Community Workshop; the Providence Bureau for the Handicapped; the Altro Workshop for the Tuberculous, in New York City; the Occupational Therapy Workshop, in St. Louis; and the Industrial Home for the Blind, in Brooklyn. Besides these, there are national agencies whose local units are contributing in various ways to rehabilitation. The National Society for Crippled Children and Adults, Inc., through its state affiliates, has developed a number of noteworthy projects for the severely handicapped. The Goodwill Industries of America, Inc., and the National Industries

for the Blind are likewise doing important work in the field.

Community Rehabilitation Centers

Much that was learned in the rehabilitation programs of the armed forces is of value to the civilian rehabilitation program. The Subcommittee on Civilian Rehabilitation Centers of the Baruch Committee on Physical Medicine, under the chairmanship of Dr. Howard A. Rusk, has done much to translate this war experience to civilian use. In a recent report¹ the Subcommittee has made recommendations for the establishment of specialized community rehabilitation centers, each with capacity for 50 dormitory patients and 200 outpatients; and a system of mobile consultant unit clinics, for isolated disabled persons, similar to those used in the care of crippled children and in cancer control. The rehabilitation center would provide a definite training program and not be a place where domiciliary care is given.

The organization chart used by the sponsors of the community rehabilitation center movement shows a medical services division and a vocational services division, each having a director responsible to the administrator. Under the medical services division appear two branches: the physical medicine branch, under which are sections for occupational and physical therapy and physical reconditioning; and the psychosocial branch, with sections for clinical psychology and social service. Under the division of vocational services are branches of vocational education, vocational guidance and testing, and a special education branch. A sheltered workshop program and a home-bound program are presented as adjunctive services which would be added only if such programs do not exist in the community. Research and a prosthesis shop are suggested as additional functions.

It is estimated that a staff of 67 persons, plus one supervisory teacher for each 20 home-bound patients, would be necessary in each center. This estimate does not include personnel to conduct research. Also, the personnel requirements for food and maintenance services are not included in the estimates.

¹ See Baruch Committee on Physical Medicine, *infra*.

Such a rehabilitation center would assist immeasurably in carrying out the state-federal rehabilitation program. Collateral services such as those proposed in the creation of these new facilities are one of the great needs of the existing rehabilitation programs. It should be emphasized, however, that the number and location of such centers need careful consideration.

There is general agreement that nearly 80 per cent of disabled persons can be rehabilitated without the use of special type facilities. These are the individuals for whom physical restoration, training, and auxiliary facilities and services are adequate as to types but insufficient in number. The problem for this group is that of the distribution of medical care and medical facilities. See MEDICAL CARE. The construction and better distribution of hospitals, health centers, and medical and rehabilitation facilities; the expansion of existing public health services, including those for mothers and children; the provision of an educational program in medical and related fields to train needed doctors, dentists, nurses, and therapists; the encouragement and support of medical research to discover means of preventing and curing diseases; a national system through which cost of medical care on a prepayment basis can be spread as a means of decreasing the incidence of disabling diseases; an insurance system to maintain family income when the breadwinner is disabled—these are some of the measures which need to be taken to meet the needs of the disabled.

The lack of special types of facilities is acute for the remaining 20 per cent of all disabled persons who require a combination of medical, psychiatric, psychological, and other similar types of care, as well as physical and occupational therapy. About half of this group, it is estimated, will eventually become competitively employable. Of the remaining 10 per cent, slightly less than 8 per cent will need sheltered workshop employment opportunities. About 2 per cent are so severely handicapped that they will not become employable either in competitive work opportunities or in workshop employment.

The facilities proposed by the Subcommittee

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tee on Civilian Rehabilitation Centers would provide, mainly for the severely disabled, physical rehabilitation and reconditioning facilities including physical and occupational therapy; new facilities for treatment of such disabilities as epilepsy and psychiatric difficulties; facilities for training persons in the use of prosthetic appliances, such as hearing aids and artificial limbs; facilities for preparing blind persons for work; sheltered workshops; and services to the home-bound.

Extent of Services Rendered

The 51 state¹ rehabilitation agencies and the 30 commissions for the blind (23 commissions for the blind in 1945) reported 267,048 disabled persons on their registers during the fiscal year ended June 30, 1946,² as compared with 275,090 in 1945. Of this total, 169,794 disabled persons received rehabilitation services as contrasted with 161,047 men and women rendered such services in 1945. An analysis of the cases served indicates that a total of 43,304 disabled persons were placed in employment during the year. Of this number 36,164 were closed as rehabilitated into employment, and the remaining 7,140 were persons either in temporary employment at the end of the year or in "rehabilitation employment" who were being followed up at the close of the year in order to determine whether their placements were satisfactory. Rehabilitation services were completed for 3,117 persons who were not placed in employment because of personal factors, aggravated disability, or death.

The cases of 27,221 individuals were closed, with the rehabilitation services of interviewing, counseling, and guidance being found sufficient to assist them in making a vocational adjustment.

At the end of the 1946 fiscal year, 101,450 persons remained on the rolls of the state rehabilitation agencies as in the process of rehabilitation, and 56,256 persons were awaiting investigation.

An indication of the character and extent

of disablement in the population is found in the types of cases rehabilitated. Those suffering from orthopedic disabilities other than cerebral palsy and poliomyelitis totaled 9,784; amputations and congenital absence of members, 5,119; vision defects, 4,444; hearing defects, 2,767; poliomyelitis, 2,350; pulmonary tuberculosis, 2,989; mental, 1,931; cardiac, 1,254; hernia, 1,359; cerebral palsy, 568; asthma, 382; speech defects, 301; other, 2,852; and not reported, 64. Disabled persons with various types of orthopedic involvements still constitute, as in former years, about one-half of the disabled persons rehabilitated into employment during the year.

During the 1946 fiscal year diagnostic examinations were purchased for 56,669 disabled persons, consisting of medical examinations for 53,510, psychiatric examinations for 1,050, and psychological examinations for 2,109. Medical, psychiatric, surgical, dental, and other treatments were purchased for 7,217 persons, and prosthetic appliances were purchased for 8,287 persons.

Training is one of the basic services extended disabled persons by state agencies as a means of preparing them for employment. The availability of a larger variety of war-production training activities during the early part of 1945 made available, without cost, unlimited opportunities for training. However, the end of the war influenced markedly the character of training provided disabled persons by the states. Instead of the short, intensive training for war jobs, disabled persons preferred more comprehensive and thorough training for peacetime pursuits. Training was purchased by the states for 33,547 disabled persons in the twelve months ended June 30, 1946. Records are not available for those persons provided training without cost to the rehabilitation agencies. Of the persons for whom training was purchased, 25,028 received training in educational institutions, 4,311 received training on the job, and 4,208 received correspondence or tutorial training. In order to provide training to this group it was necessary to provide transportation to 4,243 persons and maintenance to 15,366 disabled persons during the training period.

¹ Includes the District of Columbia, Hawaii, and Puerto Rico.

² Data for fiscal year ended June 30, 1946, are as of September 1, 1946, and are preliminary.

Vocational Rehabilitation

Placement equipment was purchased for 1,207 disabled persons and 234 persons were provided with occupational licenses during the 1946 fiscal year. Physical and occupational therapy or nursing care were furnished 382 persons, while 5,677 persons were furnished hospital and convalescent home care.

An analysis of the 36,164 disabled persons closed as rehabilitated into employment gives an excellent cross-sectional picture of persons who benefit from rehabilitation services. Approximately three out of four persons were males; about 87 per cent were white, and about 12 per cent Negro. Disease and accidents accounted for roughly four-fifths of the disabilities.

At the time these persons were first referred to the state rehabilitation agencies nearly 75 per cent, or 27,064, were unemployed and 16 per cent, or 5,786, had never worked. Over two-fifths had one or more dependents. It should be noted that 40 per cent were dependent on their families, about 6 per cent on relief — either governmental or voluntary — and that about 5 per cent were receiving unemployment or workmen's compensation at the time of referral.

Proper placement of the disabled, after counseling and guidance and adequate preparation for employment through physical restoration and training, makes possible job adjustments of considerable variation. An analysis of the types of jobs in which the disabled were placed after rehabilitation makes it evident that with proper guidance techniques it is possible to place the disabled person in any job consistent with his abilities. Disabled persons enter the major occupational groups after rehabilitation in substantially the same proportions as nondisabled workers, with the possible exception of the farming occupations. This may be explained by the tendency for disabled persons with farm background to shift to other areas.

For every person permanently disabled some form of support must be provided. In the past this has too often meant governmental or voluntary assistance — a temporary palliative — at an average yearly cost per case of \$300 to \$500. Vocational rehabilitation is effected at an

average cost per case of \$300, which is a non-recurring expenditure. The results of vocational rehabilitation services measured statistically over the past fiscal year disclose the returns that accrue from this investment. As was pointed out above, of the 36,164 disabled persons rehabilitated during the year, nearly 75 per cent were unemployed at the time of applying for rehabilitation service, and 16 per cent had never been employed. The total monthly earned income of these 36,164 disabled persons was only about \$970,000 immediately prior to rehabilitation, but increased to approximately \$4,700,000 after rehabilitation.

As previously indicated, the best available estimates indicate that some 1,500,000 to 2,000,000 disabled persons are in need of vocational rehabilitation. The state rehabilitation agencies had on their registers an average of about 270,000 disabled persons per year in the past three years. Although this represents slightly more than four times the number of disabled known to the state rehabilitation agencies in 1940, it still is but a small proportion of the number who might be served. Until 1943, insufficient funds for adequately supporting a nation-wide program of vocational rehabilitation resulted in limitations in the size of the case work staffs, with its resulting limitations on the size of the case load. The Vocational Rehabilitation Act Amendments of 1943 made possible expansion to meet the vocational rehabilitation needs of the disabled. The opportunity for expansion took place, however, during the war when well-trained professional personnel was difficult to obtain. Despite these difficulties, the number of professional personnel increased gratifyingly to about twice the number of professional personnel available in 1940. With legislatures meeting in 1947 in most states, the rehabilitation agencies are preparing to request sufficient funds for case services and other matching purposes so that the disabled may be more adequately served.

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VOLUNTEERS IN SOCIAL WORK.¹ Social work owes its beginnings to volunteers, public-spirited citizens who received no material rewards and who recognized the need for ameliorating human suffering. Their efforts resulted in the establishment of organized health and welfare agencies in the latter half of the nineteenth century and along with it the recognition that technically trained staffs were essential.

While social workers were struggling to establish their professional status the volunteer frequently found himself limited to board or committee functions or to fund-raising activities. The few men and women who volunteered their time in these capacities, and perhaps in a little "friendly visiting," usually placed emphasis on moral uplift and "doing good" by the well-to-do on behalf of "the poor."

In the 1930's real progress was made toward developing standards of volunteer service, formulating techniques of training, and defining opportunities for volunteers in the various functional fields. The Association of the Junior Leagues of America, among the volunteer groups, and the Family Service Association of America (then the Family Welfare Association of America) and National Organization for Public Health Nursing, among the functional organizations, took leadership with respect to volunteers in social and health agencies. The National Committee on Volunteers in Social Work was formed in 1933; and this

All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

¹ For names of national agencies in this field listed in DIRECTORY OF AGENCIES in Part Two, see INDEX under the title of this article.

Volunteers in Social Work

was the first time social workers and volunteers together considered general problems in the whole field of volunteer service. During this period a few communities established a centralized office for recruiting, training, and placing volunteers in all types of social and health agencies. The heightening of America's defense program was a spur to the establishment of more volunteer bureaus, as such a centralized service was usually called, and at the outbreak of war 50 bureaus were in existence, most of them under the auspices of social planning councils. *See COUNCILS IN SOCIAL WORK.*

Prior to World War II, volunteer service in agencies was largely carried on by nonemployed young women, and a few men working in the evening with boys' and young men's groups. The war changed this radically; and with the mobilization of millions of volunteers for the protective services, community war services, and expanded agency programs, all strata of society were represented. Volunteers were drawn from every race, creed, color, and occupation, and from both sexes. The employed woman made an outstanding record for herself. Organized labor for the first time entered the volunteer ranks in large numbers.

Nearly all of the 50 volunteer bureaus in existence in the larger cities at the beginning of the war became Civilian Defense Volunteer Offices under official auspices. The federal Office of Civilian Defense (OCD) estimated that as of December, 1943, there were 4,300 such local Offices. In addition to developing the protection programs, the OCD gave leadership to volunteer programs in the community war services, most of which lay in the field of social and health work.

Gains from the War Experience

It is obvious that the war gave a decided impetus to volunteer service in social work. Recruitment of large numbers of volunteers by a greatly increased number of central volunteer bureaus was coupled with serious war-time staff shortages and an intensified need for social services by new segments of the community.

Small communities, which previously had had no organized social work, found them-

selves organizing social services under the pressure of necessity (perhaps a day nursery, perhaps a recreation program for war workers) and the work had to be done largely by volunteers. Local councils of the United Service Organizations, Inc. (USO), in such communities were often the first groups to plan effectively for volunteers.

It is obvious that of all these volunteers, brought into the field through the stimulus of war, many will retain an active interest in their communities in the years ahead. Perhaps the greatest gain is in the breadth of the postwar volunteer rolls. Most cities report smaller numbers of volunteers but none has reported the withdrawal of any one group. In other words, the volunteer ranks are still broadly representative of all elements of the population, and the country apparently is not going back to the prewar situation where the volunteer usually came from the upper economic brackets. A striking example is the fact that an increasing number of members of labor organizations are serving on agency boards. *See LABOR AND SOCIAL WORK.*

Understandably, professional social workers are taking the volunteer much more seriously than heretofore. Recently, almost an entire issue of the official organ of the American Association of Social Workers was for the first time devoted to various aspects of volunteer service.¹ During the winter of 1945-1946 the three national functional councils, the Social Case Work Council of the National Social Welfare Assembly, the Education-Recreation Council of the National Social Welfare Assembly, and the National Health Council, held many meetings and eventually produced a pamphlet, in cooperation with Community Chests and Councils, Inc., on the needs for and uses of volunteers.² Individual national agencies are developing more specific material for their own fields. During the war the National Travelers Aid Association employed two full-time staff members whose sole responsibility was the development of volunteer programs,

¹ *See The Compass (infra).*

² *See Community Chests and Councils, Inc. To Have and To Hold Volunteers in Community Service (infra).*

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and this in turn has probably had a bearing on the fact that the large local units of this organization now employ full-time staff for this purpose.

A gain from the war experience is the fact that many local agencies who used volunteers for the first time and were satisfied with the results are continuing to use them. Governmental agencies, in particular, which had not had citizen participation are now concerned with developing opportunities for citizens to have closer contact through actual work with the agencies. In a postwar survey¹ in New York City made by a competent professional staff, looking into the need for a central volunteer bureau, it was proved that all types of agencies want volunteers. With the exception of hospitals, large numbers were not desired for work *within* the agency but recommendations were made for useful projects to be carried by volunteers outside the agencies but helpful to their work.

An indirect gain to social work, in that anything which benefits the community will benefit social work's clients, is the fact that agencies other than those in the social work field are increasingly using volunteers. Some of the progressive museums have developed good programs for volunteers and are enthusiastic over the results. Schools and adult education services, children's theaters, radio councils, and other cultural and educational programs are looking for more volunteer assistance.

The war gave the teen-age group opportunities for service they had never had before, and organizations serving youth are placing increasing emphasis on community service on the part of their members, both for the satisfaction the individual receives from it and because useful though simple services are performed.

Women's organizations are urging their members with increased emphasis to volunteer their time for the benefit of the community. A pioneer in the field of training and placing volunteers for social and health agen-

cies, the Association of the Junior Leagues of America prepares each member to take her place in the life of the community and makes community service a condition of continuing membership. The Association is raising the standards of its basic orientation course in community problems and placing more emphasis on continuing education and more careful placement in a community agency. The National Council of Jewish Women is urging its members to take volunteer jobs in the community in addition to carrying on the Council's own program. The American Women's Voluntary Services, established for war service, has decided to recruit and train women for various peacetime services. The National Congress of Parents and Teachers, the American Association of University Women, and other women's organizations are more concerned than heretofore that their members shall participate in solving community problems. Most of the Red Cross volunteer corps are continuing, though with fewer members. The USO has published a pamphlet in cooperation with Community Chests and Councils, Inc., entitled *Transfer (infra)*, directed to the individual USO volunteer and urging him to transfer his assistance to community agencies when the local USO activities cease.

Community Planning for Volunteer Service

The Civilian Defense Volunteer Offices, as such, ceased to exist with the end of OCD. Looking toward reconversion, in 1944 the Association of the Junior Leagues of America and Community Chests and Councils, Inc., jointly sponsored and financed a study¹ of postwar plans and possibilities for the continuance of local centralized services for recruiting, placing, and training volunteers.

Experience in using 11,000,000 volunteers who served during the war proved that some type of local democratic agency which can offer leadership in all matters affecting the participation of citizens in the affairs of their communities is essential. The following ad-

¹ New York National War Fund. *Citizen Participation in Community Services: A Survey of Volunteer Needs and Opportunities in New York City*. 50 pp. 1946. Includes a bibliography.

¹ See Community Chests and Councils, Inc. *Looking to the Future (infra)*.

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vantages of such an agency are now generally accepted:¹

A centrally located, nonpartisan bureau where citizens of all races, creeds, colors, sexes, and ages may seek volunteer work, insures equal opportunities for service according to abilities rather than according to what organization the volunteer belongs to, how much money he has, or what part of town he lives in.

It is a central point where the volunteer may quickly secure information about all kinds of volunteer work which needs to be done in the community.

It is a pool of information about the volunteer power of the community, and this provides agencies with a complete resource for both "service" and "administrative" volunteers.

By an initial screening of volunteers it protects the agency against applicants who are entirely unsuited, but does not deprive the agency of the right to select its own volunteers.

It protects from repeated calls the volunteer who is already busy.

It makes possible forceful voicing of the volunteer viewpoint through its broad knowledge of volunteers' experiences.

It offers leadership to agencies on how to organize for volunteers, how to describe volunteer jobs, and how to plan for training, supervision, and recognition of volunteers.

It is a focal point for arranging programs for the general education of the citizenry regarding community needs and resources.

It is a resource to membership organizations which wish assistance in stimulating their members to participate in community programs, and provides machinery for routing the members into community service.

Exact statistics are not available but it is known that approximately a hundred civilian defense volunteer offices have become volunteer bureaus, and other communities which allowed the service to lapse are making plans to start again. The volunteer bureaus have been set up under voluntary auspices with a broadly representative governing body. They are frequently under the social planning council, and a few have partial tax support and official endorsement.

Advisory Committee on Volunteer Service

As was said above, the OCD was responsible for developing centralized recruiting and referral services during the war. Therefore, during the early war years the National Committee on Volunteers in Social Work was fairly inactive and in late 1943 it disbanded and became the nucleus of an Advisory Committee on Volunteer Service of Community Chests and Councils, Inc. The purpose of this latter Committee is to increase the quality and quantity of volunteer knowledge, participation, and interest in community service. It is composed of a cross-section of persons interested and active in the field of volunteer service, both locally and nationally, but not officially representative of any organization or group. The Committee is geographically representative and includes leaders from the following types of organizations: agencies engaged in volunteer recruiting, training, and referral activities; agencies which are actual or potential users of volunteers; and organizations from which many volunteers are drawn, including labor unions. Community Chests and Councils, Inc., incorporated the Committee as a permanent department in 1946.

The Committee offers consultative guidance, including field service, on the organization and operation of local volunteer service bureaus. In July, 1946, it published a comprehensive pamphlet entitled *A Handbook on the Organization and Operation of a Volunteer Service Bureau (infra)*, which gives detailed information on the steps of organization, auspices, setup, staff and equipment, files, recruitment, finding of opportunities, interviewing of prospective volunteers, referrals to agencies, follow-up, training, and publicity. The *Handbook* also includes the official national "Plan of Recognition for Community Volunteer Service."

The Committee also gives leadership and consultative service on volunteer programs to national and local agencies and to civic organizations interested in this subject. It works with government departments concerned with broader citizen participation and with volunteer organizations such as the Red Cross, Junior League, and the American Women's Vol-

¹ As stated in *A Handbook on the Organization and Operation of a Volunteer Service Bureau (infra)*.

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untary Services. It endeavors to interest schools of social work in including instruction on the opportunities for and responsibilities of laymen in social work and on the development of a volunteer program in agencies.

Plan of Recognition for Community Volunteer Service

In May, 1946, in response to requests from local volunteer bureaus, the Advisory Committee on Volunteer Service of Community Chests and Councils, Inc., announced a "Plan of Recognition with Awards for Community Volunteer Service." The plan provides for the awarding of a Community Volunteer Service Certificate to any individual who completes one hundred hours of volunteer service. Upon receipt of the certificate the volunteer is entitled to purchase a Community Volunteer Service Emblem.

The Committee will extend the privileges of the plan through the local volunteer bureau, provided that the following conditions are met:

The local volunteer bureau must be a representative, democratic, and sustained operation under responsible management, geared to serve persons who wish to volunteer their services, and to community agencies and programs which can utilize their services.

The volunteer bureau must subscribe to the "Principles of Volunteer Service" of the Advisory Committee on Volunteer Service of Community Chests and Councils, Inc.

The volunteer bureau must agree (a) to act as the agent of the community as a whole and of the agency or agencies to which the volunteer has given his service; (b) to limit the application of the plan to volunteers who are individually registered in the volunteer bureau; (c) to issue to each active volunteer an identification card bearing the official CVS emblem, which the volunteer may carry and which may serve to introduce the volunteer transferring to another community in which the Recognition Plan is operating; (d) to accept the minimum of 100 hours within a year's period as the basis for the point where the official CVS emblem, in the form of a pin, will first be used in connection with the recognition of a volunteer's service; (e) to include in the minimum 100 hours the time required for

any training course satisfactorily completed in preparation for a specific local community volunteer service; (f) to include in the plan volunteers under sixteen years of age, and older teen-agers still in school, with a modification that hours of service may be reduced from 100 to 50 hours and that youth groups may be registered in the name of their leader instead of individually; (g) to make no changes in the design of the basic emblem or the wording thereon without first consulting the Advisory Committee on Volunteer Service; (h) to arrive at a way of measuring the hours (100 a year is suggested) for board and committee members; and (i) to keep accurate records of the hours served by individual volunteers (100 for the initial certificate and pin and minimum of 100 hours for each succeeding year).

The volunteer bureau must agree to report periodically to the Advisory Committee on Volunteer Service on a form to be provided for the purpose, regarding the number, and so forth, of volunteers receiving recognition.

The volunteer bureau must agree to conduct the recognition program in a dignified and appropriate manner to the end that volunteers earning the CVS emblem in different communities over the country shall be proud to meet one another, and agencies shall be equally proud to have their volunteers so recognized.

In the beginning, the Advisory Committee on Volunteer Service will offer the plan only through volunteer bureaus. However, if communities having no volunteer bureau are sufficiently interested, the Committee reserves the right to arrange extension of the privilege to such communities.

The Volunteer and the Agency

Board membership has often been the major medium for volunteer participation in the work of an agency. The agency board is in a position of trusteeship to the community—the taxpayer, contributor, and client—to assure maximum service at minimum costs. In close partnership with the staff, board members' functions include: periodic inventory of operation, finances, and function of the agency; interpretation of community needs and attitudes to the staff; interpretation of the agency's

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function to the community; policy making; choosing, supervising, and, if necessary, removing the executive; budgeting; relating the work of the agency to the whole field through participation in community-wide committees and attendance at state and national conferences; participating in community-wide fund raising; and insisting upon provision by the agency of data upon which intelligent citizens can take action. Effective boards represent a cross-section of all segments of the community and should, through rotation or other means, enlist the service of active and outstanding community leadership. See ADMINISTRATION OF SOCIAL AGENCIES.

The referral of volunteers to health and welfare agencies is conditional upon a mutual acceptance of certain responsibilities. The agency should analyze and clearly define jobs in terms of specific duties, carefully dividing work between professional and volunteer staffs. Adequate supervision and training are most important. Many agencies appoint a volunteer supervisor to integrate volunteer activity in the agency and to act as liaison between the agency and central volunteer bureau and other agencies using volunteers. To avoid volunteer staff turnover, substitutions for financial compensation are provided in terms of work satisfactions, advancement, and personal recognition. Paid staff members must be prepared to accept the volunteer as an integral part of the agency and to offer close cooperation.

Principles of Volunteer Service

The best description of the present status of volunteer service in social work is contained in the following "Principles," adopted by the Advisory Committee on Volunteer Service of Community Chests and Councils, Inc., in December, 1945:

Volunteer Service is that voluntary effort, given without pay, by any individual in a community who wishes to share therein the responsibilities of those democratic institutions concerned with the advancement of human welfare. The opportunities of citizen participation are the privilege and obligation of all.

Because the solution of civic, economic, education, political, and social problems depends to a large extent upon the quality of citizen participation, the continuing development of more effective volunteer service, through which the best potential leadership is found and trained, is of real significance.

Recognition of a reciprocal relationship built on mutual respect and responsibility between the volunteer and the professional, each with individual areas of competence defined and understood, is necessary to the best development of a social attitude and an intellectual technique with which to approach common objectives.

Volunteers should never be used in jobs or services for which money has been provided for paid personnel, or for which money could be secured through proper channels and action. Exceptions might be in (a) essential jobs impossible to fill with paid personnel because of manpower conditions, provided the particular effect of these conditions does not result directly from poor personnel practices in comparison with similar operations; and (b) in situations where money might be made available for initiation or extension of services upon demonstration by volunteers of the need for and value of such services.

Giving effective volunteer service requires sincere interest in the work to be done, willingness to accept the necessary training and supervision, and a businesslike approach to the job. A good volunteer should be as dependable as a paid worker.

Receiving volunteer service requires recognition of the usefulness of such workers to the agency's program, respect for their desire to contribute time and effort without pay, and constructive interest in their education and supervision.

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YOUTH SERVICES.¹ The programs described in this article are those which have been organized nationally, by voluntary associations of adults, for young persons between the ages of sixteen and twenty-five years. Services for those under sixteen years of age are described elsewhere. See **BOYS' AND GIRLS' WORK ORGANIZATIONS**.

Activities for all ages are provided by the majority of the organizations included, but in this article attention is directed to those relating to youth. Not included among the organizations discussed are federal agencies; national voluntary organizations which do not have local units with a youth membership, even though their activities affect standards of work and promote extension of services; organizations which are youth-initiated; political, fraternal, nationality, and labor organizations; groups organized for a specific cause such as world government, temperance, and so forth; professional organizations concerned with services to youth; individual church youth services; and voluntary youth-serving organizations which have in their membership only a small percentage of persons over sixteen years of age. Both sectarian and non-sectarian voluntary associations are included.

Some individual services are provided by the organizations discussed, but the programs consist chiefly of leisure-time educational and recreational group activities.

Associated Youth Serving Organizations

The Associated Youth Serving Organizations (AYSO) was organized in 1943 in order to facilitate responsible joint planning and action among national voluntary agencies concerned with the needs of children and youth. The seven national agencies comprising its membership were the Boys' Clubs of America,

¹ For names of national agencies in this field listed in **DIRECTORY OF AGENCIES** in Part Two, see **INDEX** under the title of this article.

Camp Fire Girls, Girl Scouts, National Federation of Settlements, National Jewish Welfare Board, National Council of the Young Men's Christian Associations, and National Board of the Young Womens Christian Associations. In July, 1946, these member organizations joined other organizations in the development of a Youth Division of the National Social Welfare Assembly, and at that time the AYSO, as such, became inactive.

During its existence as a separate agency the AYSO conducted a program, the development of which was the responsibility of a council and committees representing the member agencies and members-at-large. Priority was given to program projects which were of common interest, and in which collaborative effort might result in more effective national services. Local affiliates of the member organizations were, of course, encouraged to cooperate with each other through councils of social agencies or similar groups.

Activities included national planning and publications for use locally concerning: professional personnel standards and practices; postwar needs of youth; extension of services to rural areas; development of principles of good relationship between youth agencies and community chests; cooperation with labor organizations, housing officials, and other organizations; preparation of a guide to local planning of youth services; the development of a nation-wide interagency project, "Youth United for a Better Home Town," involving community study and action by units of the member agencies and other organizations.

Catholic Youth Programs

The Youth Department of the National Catholic Welfare Conference has for its purpose three main objectives: (a) to facilitate the exchange of information regarding the philosophy, organization, program-content, and methods of Catholic youth work; (b) to contact and evaluate all national, governmental, and nongovernmental youth organizations and youth-serving agencies; and (c) to promote the National Catholic Youth Council as the federating agency for all approved Catholic youth groups.

The Youth Department is a servicing agency and not a superauthority imposed on existing youth groups or organizations. It does not dominate or control agencies set up by bishops in individual dioceses, nor does it propose to divert the interests of Catholic youth from local and diocesan projects to works of national significance. On the contrary, the Department provides the framework in which coordination of all Catholic youth work can be achieved. It helps Catholic youth leaders and young people better to understand the problems centering about youth; and it furnishes information and documentation adequate for the interpretation of youth work, Catholic and non-Catholic, voluntary and governmental, youth-led and adult-sponsored, domestic and foreign. Finally it develops, under the Hierarchy, the National Catholic Youth Council.

The National Catholic Youth Council was initiated by the Administrative Board of the Conference and approved at the General Meeting of the Bishops in 1937. It is a federation of all existing approved Catholic youth groups in the United States. The Council makes provision for two sections—the Diocesan Section, and the College and University Section. The Diocesan Section is designed to include the respective diocesan youth councils which voluntarily associate themselves with the national organization. A diocesan youth council is a federation of the approved Catholic youth groups within the confines of a diocese. It is a unifying and coordinating device, the primary purpose of which is to place youth's forces under the sponsorship of the Ordinary. The College and University Section makes provision for two national student federations, the National Federation of Catholic College Students and the Newman Club Federation.

The National Federation of Catholic College Students unites the student bodies of the Catholic institutions of higher learning in the United States. It assists both the colleges and the various student groups to give energetic and practical application to the teachings of the Holy Father and the Church's leaders regarding the formation of a Christian-minded apostolate among the Catholic laity,

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and contributes to the spreading and deepening of a highly trained Catholic opinion.

The Newman Club Federation unites the groups of Catholic students attending secular institutions of higher learning for the purpose of mutual helpfulness and united effort in promoting the religious, intellectual, moral, and social standards of the students, and to advance the work of the Church.

The National Catholic Youth Council works through diocesan youth councils and the two student federations mentioned above. To quote from the *Catholic Youth Directory* (*infra*): "The real youth activity is carried on essentially in the parish youth groups and the local units of the different movements in which Catholic youth are organized. The movements provide opportunity to train youth in the application of Catholic principles along the lines of religious work, social and economic life, citizenship, and recreation, including athletics, social life, and arts and crafts. Provision is also made for leadership training for young people and adult youth leaders. Study and discussion clubs and leaders' conferences are organized; conferences on local, deanery, and diocesan bases are held for youth, youth leaders, and youth chaplains. The annual conference of diocesan youth directors provides for similar contacts on a national scale."

More recently new forms of Catholic youth activity have been developed in the specialized field known as "Catholic action." Through the Americanized "Jocist" movement, well-trained lay leaders under the supervision of the clergy work as lay apostles in their own social milieu: young workers among working youth; students among youth in high schools, colleges, and universities; and young farmers in rural communities. This movement is interested not only in the religious formation of the membership and the moral transformation of the workers' world, but it is also concerned with social services for young workers (health, employment, recreation, professional guidance).

Many Catholic youth groups working in a special field of interest are national in scope, and some of them are of long standing and are

well organized, such as the Holy Name Society, Sodality of Our Lady, and the Catholic Students' Mission Crusade. Some adult organizations have developed youth programs, such as the Knights of Columbus, the Catholic Central Verein of America, and so forth. In addition there are certain national Catholic organizations conducting activities which entirely or in part serve youth's needs: the Christ Child Society, National Council of Catholic Women, National Conference of Catholic Charities, National Catholic Educational Association, and others. See CATHOLIC SOCIAL WORK.

National Federation of Settlements

In 1946 the National Federation of Settlements had a membership of 205 affiliated settlements or neighborhood centers in industrial communities throughout the country. The national organization provides general help on personnel, program, and administration of neighborhood houses through materials, field service, and conferences. Current information is made available concerning national social issues affecting the constituency. The National Federation represents the interests of local affiliates in collaborative efforts with other national organizations and federal agencies.

No statistics have been compiled nationally concerning the number of young men and women aged sixteen to twenty-five years who are served by the settlements. Since the conclusion of the war, however, the number of members within this age group has been increasing rapidly.

In neighborhood centers, clubs are the favorite organizational device for this age, although classes, interest groups, councils, forums, discussion groups, workshops, and canteens are also found in most houses. Since the form of organization is determined by each individual group, some clubs are for young men or young women while others are for mixed groups. Programs include social activities, athletics and sports, weekend or vacation camping, dramatics, music, arts and crafts, discussion of personal problems, and study and action on social issues. See SETTLEMENTS AND NEIGHBORHOOD HOUSES.

National Jewish Welfare Board

The National Jewish Welfare Board had 288 affiliated local units in 1946, known as Jewish Community Centers, Young Men's Hebrew Associations, Young Women's Hebrew Associations, and in some instances by other names. While these centers serve a wide age range, from boys and girls to older adults, they have a membership of approximately 180,000 young persons between the ages of fifteen and twenty-five years. For the program carried on for the younger boys and girls, see *National Jewish Welfare Board in Boys' AND GIRLS' WORK ORGANIZATIONS*.

The national organization assists with the development of programs suitable to the needs of each Jewish Center through program material, leaders' conferences, and institutes; maintains a national and regional staff which gives direct help on administration and program, surveys of needs, relationships with the total community, personnel standards, and placement; and gives aid on specific problems such as vocational counseling, health, camping, and so forth.

Young people are members of local Jewish Centers, being related to the national organizations through the Center affiliation. Membership at most of the Centers is open to persons of any religious faith. For the most part, the young members organize themselves into clubs, although classes, interest groups, canteens, and other organizational devices also are used widely. Most groups have a mixed membership of young men and women. In some instances during the past year, veterans have organized Young Adult Leagues and other independent groups. Within the Centers a number of veteran groups have organized units of established veterans' associations. All groups have the guidance of professional workers and volunteer leadership.

Within the Jewish community, this age group frequently bands together into a Jewish Youth Council, composed of representatives from various groups within the Center and often including representatives from other Jewish organizations in the community. Such councils serve as planning groups for coopera-

tive efforts and are often related to nonsectarian groups in a city-wide youth council.

Physical facilities of Jewish Center buildings include club, social activity, and game rooms, workshops, auditoriums, gymnasiums, and occasionally swimming pools. While the largest part of the program takes place within the Center building, a number of Centers have area workers who develop program in various locations throughout the community.

Although policies and practices vary in different localities, the general objectives which motivate Jewish Centers in the development of program are (a) to provide opportunities for making social adjustments, for learning skills, for stimulating new ideas, for adding knowledge, and for training and participation in community living; (b) to provide knowledge of historical and contemporary Jewish life, and specific preparation for Jewish communal responsibilities; and (c) to provide training for leadership.

Jewish Centers emphasize the need to educate youth to take a responsible place in the community. Individuals develop under the spontaneous activity growing out of a self-motivated program related to interests and needs. In groups, youth learn to think together, to plan, and to serve. The Centers have intensified their educational objectives to create opportunities for learning about current social issues through group discussion, forums, panels, institutes, club and interclub activities, dramatics, films, exhibits, and similar educational media.

There are numerous other Jewish national organizations concerned wholly or in part with youth programs of a fraternal, religious, or social service character. Many of the local chapters of these organizations meet and conduct their activities within the Jewish Centers. Among the associations for young men are Aleph Zadik Aleph of the B'nai B'rith, and Masada (Youth Zionist Organization of America); for young women, Junior Hadassah and the National Council of Jewish Juniors; for students, Avukah (the American Student Zionist Federation) and the B'nai B'rith Hillel Foundations. Other groups, such as the Young Judaea and Habonim, serve both boys and

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girls. The American Jewish Congress and the American Jewish Committee maintain youth divisions, and the National Conference of Jewish Social Welfare and the Council of Jewish Federations and Welfare Funds devote their efforts in part to the study of youth problems and youth programs. *See* JEWISH SOCIAL WORK.

The United Christian Youth Movement

The United Christian Youth Movement is a concerted effort of the Protestant youth agencies of North America to unite their young people in a common program emphasis. Forty-two Protestant denominations (representing 90 per cent of Protestantism and approximately ten million young people) are served by the combined efforts of these agencies working through 186 state, provincial, and community youth councils and councils of religious education.

Initiated in 1934, the movement has the support and cooperation of all major Protestant youth-serving agencies. No new local church or interdenominational organization is or has been contemplated; the movement works through the regular denominational agencies and state and local Protestant groups. The United Christian Youth Movement seeks to undergird the work of local churches and to help prepare young people who are members of local church youth groups for a cooperative world.

The Youth Division of the International Council of Religious Education through its staff, counseled by an administrative committee, publishes program materials; furnishes field services to help local groups plan cooperative action; plans the annual observance of Youth Week in which approximately 5,000,000 young people participate; directs six regional conferences each summer at which 1,000 young people receive training in the method, program, and philosophy of Christian cooperation; and every fourth year, sponsors the Christian Youth Conference of North America.

Emphases for the United Christian Youth Movement are written into the annual programs of denominational youth fellowships

and state, provincial, and local youth councils. The program for 1945-1946 is based on a central theme of "Youth United for Christ" and includes emphasis on developing an interracial fellowship and on becoming world citizens.

Young Men's Christian Associations

In July, 1946, the National Council of the Young Men's Christian Associations of the United States of America (YMCA) had affiliated with it 1,345 community and student Associations in the United States. These local units are affiliated through the National Council with the World's Alliance of Young Men's Christian Associations and with YMCA's organized in 66 countries.

Through a national, state, and area staff, counseled by lay advisory committees, the National Council assists local YMCA's in developing programs adapted to the needs of boys, high school youth, young adults, military personnel, transportation employees, college and university students, rural and small town constituency, and industrial service personnel. Specialized help is given on physical education, public affairs and citizenship training, religious emphasis, visual education, buildings and furnishings, administration and finance, community surveys, and professional personnel recruitment, placement, and training.

Young men sixteen to twenty-five years of age, as well as other age groups of men and boys, are members of local Associations. They participate in clubs, classes, teams, special interest groups, forums, indoor and outdoor athletics and sports, camping, and social activities. In addition to group activities many YMCA's provide counseling services, various types of vocational training, health examinations, and residences for young men.

Services with young people, other than university and college students, are related to two nationally organized groups of members: Hi-Y clubs of senior high school boys, and young men's groups for those aged eighteen to twenty-five years. In 1945 these organizations had a membership of 201,135 aged fifteen through seventeen years, and 168,466

aged eighteen through twenty-four years. An approximately equal number of nonmembers participate in youth activities. The constituency is interracial and is drawn from upper class high school students and young men in industrial, commercial, and business occupations. For information about the program for boys, see *Young Men's Christian Associations in Boys' and Girls' Work Organizations*.

There were also 142,000 women and girl members of local YMCA's as of December, 1945, with the largest percentage of this number in the sixteen to twenty-five-year age range. In some instances, separate activities are organized for young women, but for the most part they participate in coeducational activities.

In the past year, veterans of the armed services have greatly increased the enrollment of YMCA's. In January, 1946, a selected group of 200 Associations reported that the number of veterans enrolled during the month was equal to one-half of the Associations' total enrollment of young men for 1944. Veterans participate in the regular program and assume volunteer leadership responsibilities. Many are men who had their first experience with group activities in the United Service Organizations (USO) wartime program, in which the YMCA participated. YMCA's are cooperating in the establishment of the Association of Barb Wire Clubs for former prisoners of war. Many chapters of this new veterans' group meet in YMCA buildings.

A National Young Men's Assembly, which meets biennially, is formed by representatives of local YMCA youth clubs and councils and by state and area YMCA conferences. Young persons representing the Assembly serve as members of the National Council, the executive body for the more than 1,300 YMCA's in the United States. A National Young Men's Council, composed of officers elected by the National Young Men's Assembly and representatives appointed by state and area young men's councils, functions as the ad interim body for the Assembly.

Through the Assembly and Council, young people in YMCA's maintain relationships with other national and international youth or-

ganizations, recommend procedures and standards for the extension and improvement of local youth services, establish aims and objectives for work with youth, exchange experiences in programs and activities, and seek understanding and constructive action on issues affecting young people.

Program emphases that are recommended by the national organization include: vocational assistance and continuation of education beyond formal schooling, to aid in developing significant life plans in light of a continuous understanding of the world; improvement and extension of social and recreational skills, with channels for their expression, including self-directed group life (some of which will be coeducational) that provides opportunities for learning the skills of democratic living; maintenance and improvement of mental and physical health, with activities that lead to self-understanding; preparation for marriage and homemaking, with special attention to sex education; cultural and citizenship education to aid in appreciation and discharge of responsibilities as citizens, and to stimulate interest, appreciation, and skills in music, drama, arts, and other cultural resources; leadership development and creative expression among young men; Christian outlook and values, and channels for religious expression that include worthy services to the community, nation, and the world.

Young Women's Christian Associations

Affiliated with the National Board of the Young Womens Christian Associations of the United States of America (YWCA) in 1946 were 434 community Associations and 599 student Associations organized on university and college campuses. In addition there were 373 units known as Registered YWCA's in small communities.

A triennial convention of delegated representatives elected by the Association members determines the national program emphases. Young women of the sixteen to twenty-five-year age group take an important part in the conventions. Affiliated YWCA's are autonomous units which develop their own programs. Nevertheless, most Associations give serious

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consideration to the inclusion in local programs of the national emphases which they have helped to determine. The National Board and national staff are committed to a responsibility for carrying out the actions of national conventions.

The YWCA's of the United States are related to YWCA's in 62 other countries through the affiliation of the National Board with the World's Young Women's Christian Associations. The National Board assists in the developing of Associations in other countries through program grants and provision of American staff.

Throughout its eighty-eight years of life the YWCA in this country has been concerned with the application of Christian ideals and principles to everyday living. It has taken an active interest in world, national, and community issues, especially problems of industrial and "white collar" workers, adolescents, and home women. The integration of racial, religious, and nationality groups in Association and community life is a special concern of the YWCA, which opens its membership to all women and girls.

The National Board is responsible for the development of the national movement in this country and to this end assists local units through field service, correspondence, program materials, conferences, seminars, and workshops, as well as through recruitment, training, and placement of qualified professional workers.

Young people sixteen to twenty-five years of age are found in various activities sponsored by local YWCA's such as health education, homemaking, secretarial, nursing, and language classes, public affairs forums, discussions on personal and family relationships, weekend and vacation camping, social activities, dramatics, crafts, music, dancing, and art appreciation groups. Association policy and program committees offer young people of this age an opportunity to share responsibly with the other age groups included in the total membership.

Opportunity for management of their own affairs and for developing a self-directed program is offered young women through pro-

grams organized in relation to occupations. In mid-1946 approximately 57,000 belonged to business and professional women's clubs and 27,500 to industrial women's clubs. Many of the 251,848 Y-Teens (formerly Girl Reserves), the younger girls' division of the YWCA, fall within the sixteen to eighteen-year age range. For information about the program for Y-Teens see *Young Women's Christian Associations in Boys' and Girls' Work Organizations*.

Each division of the YWCA has freedom of action on its own interests within Association policies. Each holds a national assembly during the national YWCA convention; each has area weekend and summer conferences. The national assemblies elect officers who, together with area representatives elected at summer conferences, compose national councils. These councils are responsible for promotion and further development of national program emphases.

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BERNICE BRIDGES

PART TWO
DIRECTORIES OF AGENCIES

NATIONAL AGENCIES—GOVERNMENTAL

Note: The federal bureaus, divisions, or other agencies included in this list are those whose activities seem to be within or most significantly related to social work. Seven intergovernmental organizations are also included. The list is believed to be correct as of October, 1946. The following classification indicates which agencies are set up under federal departments and which are independent.

AGENCIES FUNCTIONING UNDER FEDERAL DEPARTMENTS

Department of Agriculture

- Bureau of Agricultural Economics
- Bureau of Human Nutrition and Home Economics
- Extension Service
- Farm Credit Administration
- Farmers Home Administration
- Food Distribution Programs Branch
- Forest Service
- Labor Branch
- Rural Electrification Administration

Department of Commerce

- Bureau of the Census

Department of the Interior

- Bureau of Mines
- Division of Territories and Island Possessions
- Fish and Wildlife Service
- National Park Service
- Office of Indian Affairs

Department of Justice

- Board of Parole
- Bureau of Prisons
- Federal Bureau of Investigation
- Immigration and Naturalization Service

Department of Labor

- Apprentice Training Service
- Bureau of Labor Statistics
- Division of Labor Standards
- National Wage Stabilization Board
- Retraining and Reemployment Administration
- U.S. Conciliation Service
- U.S. Employment Service
- Wage and Hour and Public Contracts Divisions
- Women's Bureau

Department of State

- Division of International Labor, Social and Health Affairs

Executive Office of the President

- Division of Statistical Standards, Bureau of the Budget

Federal Security Agency

- Office of Education
- Office of Federal-State Relations
- Office of Inter-Agency and International Relations
- Office of Special Services
- Bureau of Employees' Compensation
- Food and Drug Administration
- Office of Community War Services
- Office of Vocational Rehabilitation
- Public Health Service
- Social Security Administration
- Bureau of Employment Security
- Bureau of Old-Age and Survivors Insurance
- Bureau of Public Assistance
- Bureau of Research and Statistics
- Children's Bureau

National Housing Agency

- Federal Home Loan Bank Administration
- Federal Housing Administration
- Federal Public Housing Authority

Navy Department

- Bureau of Medicine and Surgery
- Welfare Activity, Bureau of Naval Personnel

War Department

- Correction Division, Office of the Adjutant General
- Information and Education Division, Special Staff
- Office of Dependency Benefits
- Office of the Surgeon General
- Special Services Division

AGENCIES NOT FUNCTIONING UNDER FEDERAL DEPARTMENTS

- Advisory Committee on Voluntary Foreign Aid of the U.S. Government
- Federal Deposit Insurance Corporation
- Federal Trade Commission
- Interdepartmental Committee on Venereal Disease
- National Labor Relations Board
- National Mediation Board
- Office of Price Administration
- Office of War Mobilization and Reconversion

- Railroad Retirement Board
- Selective Service System
- Tennessee Valley Authority
- U.S. Civil Service Commission
- U.S. Probation System, Administrative Office of the U.S. Courts
- Veterans Administration
- War Assets Administration

National Agencies—Governmental

Advisory Committee on Voluntary Foreign Aid of the United States Government (1946); 1044 Washington Bldg., Washington 5, D. C.; Arthur C. Ringland, Executive Director.

Purpose and Activities: To tie together the governmental and private programs in the field of foreign relief and to work with the Famine Emergency Committee and other interested agencies and groups. The Advisory Committee, composed of private citizens appointed by the Secretaries of State and Agriculture, was established under authority of the President. It exercises advisory functions to guide the public and agencies seeking support of the public in the appropriate and productive use of contributions for voluntary foreign aid, including projects of relief, rehabilitation, reconstruction, and welfare, and projects of a related character. The Committee continues the liaison, advisory, and consultative functions formerly performed by the President's War Relief Control Board which was terminated by executive order in May, 1946.

Periodical: Financial Statement of Voluntary Foreign Relief Agencies, quarterly, free.

Apprentice Training Service, United States Department of Labor (1937); Washington 25, D. C.; William F. Patterson, Director.

Purpose and Activities: To establish standards to safeguard the welfare of apprentices, to bring employers and labor together in programs of apprenticeship, and to provide assistance to state apprenticeship agencies and related activities. The Service has been authorized by Congress to carry out these functions. Apprenticeship standards are formulated by the Federal Committee on Apprenticeship, a group equally representative of management and labor, which acts upon all major policy matters affecting the program. The General Committee on Apprenticeship for the Construction Industry, also a management-labor committee, acts upon policy and program for the training of apprentices, in the construction industry only. The headquarters office publishes technical and general informational material on apprenticeship and on program results. A field staff is maintained to assist local employers and unions to set up apprenticeship programs, and to provide a continuing service to them.

Board of Parole, United States Department of Justice (1930); Washington 25, D. C.

Purpose: To hold hearings under the provisions of the federal parole law in the cases of federal prisoners applying for parole, and to approve or disapprove of parole in such cases; to pass on alleged violations of parole; and to issue warrants for arrest. The 3 members of the Board are on a full-time basis and are appointed by the Attorney General of

the United States. Their decisions are not subject to review.

Bureau of Agricultural Economics, United States Department of Agriculture (1922); Washington 25, D. C.; O. V. Wells, Chief.

Activities: The Bureau is the primary agency in the Department of Agriculture for the collection and dissemination of agricultural statistics, for economic research, and for the dissemination of the results thereof. It is a staff agency of the Secretary. The Bureau is directly responsible for acquiring, analyzing, interpreting, and diffusing useful economic information relative to the following: agricultural production and distribution; land utilization and conservation in their broadest aspects, including farm management and practice; utilization of farm and food products; purchasing of farm supplies; farm population and rural life; farm labor; farm finance; insurance and taxation; adjustments in production to probable demand for the different farm and food products; and land ownership and values, costs, prices, and income in their relation to agriculture, including causes for their variations and trends. The Bureau publishes some 25 periodicals, the majority of which are monthly publications.

Bureau of the Census, United States Department of Commerce (1902); Washington 25, D. C.; J. C. Capt, Director.

Purpose and Activities: To gather and compile statistics on the human and economic resources of the United States and its outlying possessions. The Bureau conducts the decennial census (which in 1940 covered population, housing, agriculture, irrigation, drainage, manufactures, business, and mineral industries) as well as other periodic censuses authorized by law. An additional agricultural census also is taken in the fifth year following each decennial census. Surveys to obtain more detailed information than that furnished in the regular census inquiries or to provide special compilations to assist in the solution of administrative problems of governmental agencies are undertaken as the need arises. Current industrial and business reports and data on imports and exports are also issued by the Bureau. Subjects of interest to social work for which annual, periodic, or special reports are compiled are the following: mental patients in institutions, prisoners in state and federal prisons and reformatories, judicial criminal statistics, religious bodies, population estimates, state and local government finance and employment, housing occupancy and vacancy, and the labor force. A nonstatistical service is rendered by furnishing transcripts of data enumerated about an individual at an earlier census to aid him in establishing the facts of birth and citizenship for obtaining old age assistance, to adjust life insurance claims, and for other purposes.

National Agencies—Governmental

Bureau of Employees' Compensation, Office of Special Services, Federal Security Agency (1946); 285 Madison Ave., New York 17; William McCauley, Director.

Purpose and Activities: To administer the several federal workmen's compensation laws applicable to employments within the jurisdiction of the federal government. In the discharge of this duty the Bureau is responsible for the adjudication of claims within the purview of the several laws, the authorization of insurance carriers to write insurance under such laws, the investigation of causes of accidents reported and means for their prevention, the arrangements made to rehabilitate permanently disabled beneficiaries, and similar activities. Branch offices are maintained in 12 cities. The Bureau continues the functions of the former United States Employees' Compensation Commission established in 1916.

Periodical: Monthly Safety Bulletin, free.

Bureau of Employment Security, Social Security Administration, Federal Security Agency (1935); Social Security Bldg., 4th St. and Independence Ave., SW., Washington 25, D. C.; R. G. Wagenet, Director.

Activities: The Bureau carries primary responsibility for the Social Security Administration's functions in connection with state unemployment compensation laws and their administration. These functions include review of state laws and appraisal of state administration from the standpoint of conformity with federal requirements and eligibility for grants and certification for tax credit; making recommendations to the Commissioner for Social Security regarding funds needed for administration of state employment security programs; assistance to states in developing legislation, rules and regulations, interpretations, and administrative procedures; and continuing evaluation of the operation and effectiveness of the employment security programs with a view to developing recommendations for improvements through federal and state unemployment compensation legislation.

Periodicals: Employment Security Activities, monthly, free; Unemployment Compensation Interpretation Service — Benefit Series, monthly, \$3.50 a year.

Bureau of Human Nutrition and Home Economics, Agricultural Research Administration, United States Department of Agriculture (1923); name changed in 1943 from Bureau of Home Economics; Washington 25, D. C.; Dr. Hazel K. Stiebeling, Chief.

Activities: The Bureau conducts scientific studies of problems of special concern to the home includ-

ing nutrition, use of food, family economics, textiles and clothing, and housing and equipment. Some of these investigations are undertaken in cooperation with other federal agencies or in cooperation with research agencies in the several states. The Bureau makes available results of studies, in technical and popular bulletins, news releases, motion pictures, and over the radio. It works closely with other governmental and nongovernmental agencies interested in consumer problems, and assists in the establishment of policies directed toward education and protection of consumers. The Bureau has no field service, but works very closely with the land-grant institutions, including the home demonstration agents under the Extension Service, and in this way keeps in close touch with the homemakers and professional home economics workers throughout the country.

Bureau of Labor Statistics, United States Department of Labor (1885); Washington 25, D. C.; Ewan Clague, Commissioner.

Purpose and Activities: To collect information in the field of labor and related social activities. Subjects studied by the Bureau include building operations, collective bargaining, consumers' cooperation, cost of living, employment, industrial accidents, industrial disputes, occupational outlook, organized labor, postwar labor problems, retail and wholesale prices, productivity of labor and technological developments, wages and hours of labor, and working conditions. In addition, special investigations of other subjects of current significance are made from time to time.

Periodical: Monthly Labor Review, \$3.50 a year in United States, Canada, and Mexico; \$4.75 in other countries.

Bureau of Medicine and Surgery, Navy Department (1842); Washington 25, D. C.; Vice Admiral Ross T. McIntire (MC), USN, Chief.

Activities: The Bureau is responsible for the maintenance of the health of the Navy. It has control of all naval hospitals, medical laboratories and supply depots, and dispensaries; advises concerning all sanitary problems in the naval establishment, and concerning all sanitary features in ships in service and under construction; approves the design of hospital ships and provides for the organization and administration of the medical department of such vessels; and sees to the physical examinations for selection or retention of all officers and enlisted personnel.

Bureau of Mines, United States Department of the Interior (1910); Washington 25, D. C.; Dr. R. R. Sayers, Director.

Purpose: To study problems of safety and health

National Agencies—Governmental

in the mining industry with a view to reducing the death and accident rate and improving health conditions among employees; to conduct scientific and technologic investigations concerning mining, and the preparation, treatment, and utilization of mineral substances with a view to increasing efficiency and eliminating waste; to study economic problems of the mineral industries; to compile and analyze statistics of production, consumption, exports, imports, stocks, and distribution of mineral commodities; to conduct research, development, and demonstration work on synthetic liquid fuels with a view to providing for private industry the technical engineering and cost data of producing oil and gasoline from coal, lignite, and oil shale; and to produce, conserve, and develop new uses for helium gas in which the United States government holds a world monopoly.

Periodical: List of New Publications, monthly, free.

Bureau of Old-Age and Survivors Insurance, Social Security Administration, Federal Security Agency (1935); Equitable Bldg., Baltimore 2; O. C. Pogge, Director.

Activities: The Bureau administers a national system of old age and survivors' insurance, whereby most industrial workers are protected against loss of income in retirement and their survivors are protected in case of their premature death.

Bureau of Prisons, United States Department of Justice (1930); Washington 25, D. C.; James V. Bennett, Director.

Purpose and Activities: To supervise, under the Attorney General, the administration of the federal penal and correctional institutions, including a social service program; to oversee the development of a system of classification of prisoners and individualization of treatment; to make provisions for the care and custody of federal prisoners committed to jails and other local institutions; and to promote the efficient administration of the parole system. The functions relating to federal probation previously performed by the Bureau were transferred to the United States Probation System in 1940. Under the Director's supervision the Federal Prison Industries, Inc., has jurisdiction over all employment and vocational activities in the penal institutions.

Periodical: Federal Offenders, annually.

Bureau of Public Assistance, Social Security Administration, Federal Security Agency (1935); Social Security Bldg., 4th St. and Independence Ave., SW., Washington 25, D. C.; Jane M. Hoey, Director.

Activities: The Bureau administers provisions for grants by the federal government to states for old age assistance, aid to the blind, and aid to depend-

ent children; reviews and approves state plans for public assistance; reviews state estimates, and certifies to the U.S. Treasury the amount of federal grants to the states; reviews the operation of state plans in order to determine their continuing conformity with the federal Social Security Act; and collects, analyzes, and publishes data on the operation of all forms of public assistance in the states, including general assistance toward which the federal government does not grant funds. Through Civilian War Assistance — federally financed, and administered by state public assistance agencies acting as agents of the Bureau — it continues to provide assistance and services to civilians affected by enemy action, as for example, by aid to repatriates. The work of the Bureau is carried by a central staff in Washington and by regional public assistance staff attached to the regional offices of the Social Security Administration. Appropriate specialized service is provided to the staff and to state agencies by staff members of the service bureaus of the Social Security Administration.

Bureau of Research and Statistics, Social Security Administration, Federal Security Agency (1935); 1825 H St., NW., Washington 25, D.C.; I. S. Falk, Director.

Activities: The Bureau conducts the basic studies necessary to analyze aspects of social security which are outside the immediate scope of the operating bureaus of the Social Security Administration, and reviews and coordinates the statistical and analytical work of these bureaus. It is concerned primarily with the over-all financial and economic aspects of the Administration's programs, the relation of these programs to related measures, and the development of findings and recommendations on the most effective methods of providing social security, with particular reference to unmet needs for protection during illness and disability.

Children's Bureau, Social Security Administration, Federal Security Agency (1912; from March 1913 to July 1946 in the Department of Labor); Washington 25, D. C.; Katharine F. Lenroot, Chief.

Purpose and Activities: To investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people, especially on infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents to and diseases of children, employment, and legislation affecting children; to administer the federal grants to the states under the Social Security Act for maternal and child health, crippled children's, and child welfare services; and to administer funds appropriated for the emergency maternity and infant care program. Among the activities of the Bureau are research on the physical and emotional health, growth, and de-

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velopment of children; development of standards of maternal and child care for the use of physicians, dentists, hospitals, clinics, and others; advisory services to governmental and voluntary agencies and technical workers in these fields; and the issuing of publications for parents on child care. The Bureau also plans — in cooperation with national, state, and local governmental and voluntary agencies — for the development, extension, and improvement of state and local social and health services for children, of methods for preventing and controlling juvenile delinquency and protecting unmarried mothers and children born out of wedlock, of safeguards for adoption, of detention care, of programs of foster care, and of group work services. In addition, the Bureau is studying the legal guardianship of children, is working for the incorporation of mental health concepts into all phases of child care, is assisting in establishing safeguards for children brought to this country by the United States Committee for the Care of European Children, and is cooperating with United Nations agencies and with the other American Republics in extending opportunity for children in all countries.

Periodical: The Child, monthly (with Social Statistics Supplements from time to time), \$1.00 a year.

Correction Division, Office of the Adjutant General, War Department (1944); The Pentagon, Washington 25, D. C.; Col. James Fraser, AGD, Director.

Purpose: To improve the prison system of the Army by adapting and standardizing modern penological procedure to the special uses of the Army, discovering and developing penological skills in available military personnel, and making such procedures and personnel available to all commanding officers charged with the custody of military prisoners; to find the facts and prepare recommendations to the Under Secretary of War concerning clemency, restoration to duty, or discharge of general prisoners confined in federal penal institutions or United States disciplinary barracks; and to keep informed of the condition of military prisoners everywhere and make reports and recommendations as to their custody, training, rehabilitation, and restoration to duty to the commanding officers concerned and to the War Department.

Division of International Labor, Social and Health Affairs, United States Department of State (1944); Washington 25, D. C.; Dr. Otis E. Mulliken, Chief.

Activities: The Division is concerned with international and foreign developments in the labor, social, and health fields. It is responsible in the State Department for analyzing, interpreting, and formulating policy with respect to labor, social welfare, health, housing, cooperatives, population questions,

migration and settlement of persons, status of women, and related developments in the United States and abroad as they may affect the foreign policy of the United States, other governments, and international relationships generally. Under the direction of the Division, officers are assigned to United States Embassies in the more important countries to study and report on labor and social developments. The Division maintains relations with international organizations concerned with labor, social, and health matters and with governmental and voluntary agencies in the United States having international interests in these fields.

Division of Labor Standards, United States Department of Labor (1934); Washington 25, D. C.; V. A. Zimmer, Director.

Activities: The Division is a service agency to state labor departments and to union, employer, educational, and civic groups interested in improving working conditions, industrial relations, and child labor standards, and in preventing industrial accidents and occupational diseases. It is a clearing-house on labor legislation, labor law administration, current labor education programs, and safety and health activities. It provides technical assistance, upon request, to groups and agencies concerned with establishing and maintaining safe and healthful working conditions and desirable labor standards and in setting up programs of industrial relations training. The Division holds national and regional conferences to secure agreement on needed labor legislation and methods of administration; brings together the various agencies and groups concerned — governmental and voluntary, labor and management — to develop and carry out accident prevention and labor education programs; prepares and distributes bulletins on safety and health, labor legislation, child labor and youth employment, and labor education; upon request, gives technical assistance in drafting labor bills and safety and health codes, in developing administrative procedure and conducting training courses for state factory inspectors, and in preparing manuals and setting up training courses for shop stewards and other labor representatives; coordinates federal and state programs of labor law enforcement; and administers the child labor provisions of the Fair Labor Standards Act.

Periodicals: Legislative Digest, biweekly during state legislative sessions; Digest of State and Federal Labor Legislation, annually; both free.

Division of Statistical Standards, Bureau of the Budget, Executive Office of the President (1940); Room 611, 1712 G St., NW., Washington 25, D. C.; Stuart A. Rice, Assistant Director of the Budget in Charge of Statistical Standards.

Purpose and Activities: To plan and promote the

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improvement, development, and coordination of federal statistical services; and to eliminate duplication therein. The Division is authorized to make such investigations of existing or proposed statistical work as may be deemed necessary or advisable, and it has power to demand submittal to it of all materials bearing upon the statistical work of the several departments and agencies of the federal government. No questionnaire or report form may be used by a federal agency subject to the Federal Reports Act of 1942, unless it has been approved by the Division and such approval must be indicated on the form by means of an official Bureau approval number.

Division of Territories and Island Possessions, United States Department of the Interior (1934); Washington 25, D. C.; Edwin G. Arnold, Director.

Activities: The Division is charged with responsibility for advising the President and the Congress on all aspects of territorial policy. It acts as liaison between the territories and all branches of the federal government and the general public, explaining the territorial viewpoint, protecting the territorial interests in so far as they do not conflict with federal interests, encouraging industrial development, and acting as an informational clearinghouse for federal officials and private persons, associations, and organizations interested in business, commerce, trade, or travel. It assists the territorial areas in working out plans and policies for a stable economy and a political status satisfactory to the inhabitants; aids in the drafting of legislation to be introduced in the territorial legislature or in Congress; and represents the territories in litigations on appeal in the federal courts, and in proceedings before federal administrative agencies. The Division is concerned with welfare services in Alaska, Puerto Rico, and the Virgin Islands, among which are the care and maintenance of the Alaska insane. It supervises the operation and administration of such federally sponsored agencies, operating in the territories, as the Puerto Rican Hurricane Relief Loan Section, established to assist in relieving the devastation caused to agricultural enterprises in the Island by the hurricanes of 1928 and 1932; the Puerto Rico Reconstruction Administration, which has conducted a program of relief projects; and the Alaska Rural Rehabilitation Corporation, devoted to the furtherance of agricultural enterprises.

Economic and Social Council of the United Nations (1945); Lake Success, L. I., N. Y.; Secretariat of the Council.

Activities: The Economic and Social Council has the responsibility, jointly with the General Assembly, for promoting the following: higher standards of living, full employment, and conditions of economic and social progress and development; solu-

tions of international economic, social, health, and related problems; international cultural and educational cooperation; and universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion. The Council may make or initiate studies and reports with respect to international economic, social, cultural, educational, health, and related matters and may make recommendations with respect to any such matters to the General Assembly, to the Members of the United Nations, and to the specialized agencies concerned. It may, likewise, prepare draft conventions for submission to the General Assembly and call international conferences on matters falling within its competence. It may coordinate the activities of specialized agencies through consultation and recommendations, and obtain reports from these agencies. The Council furnishes information to the Security Council and performs services in its field for Member Nations.

Periodical: Official Records of the Economic and Social Council, daily, free.

Extension Service, United States Department of Agriculture (1914); Washington 25, D. C.; M. L. Wilson, Director.

Purpose and Activities: To take to rural people the results of the research of the U.S. Department of Agriculture and the state experiment stations in agriculture and home economics, to keep farm people informed of economic problems and public policies and programs affecting agriculture, to aid farmers in obtaining better returns from their farms, and to make rural America a better and more satisfactory place in which to live. The Service is a co-operative enterprise conducted by the U.S. Department of Agriculture and the state colleges of agriculture in each of the states, Alaska, Hawaii, and Puerto Rico, and the participating counties. Among its activities is the promotion of 4-H club work with farm boys and girls. In 1944 the Extension Service and the Russell Sage Foundation cooperated in preparing a publication on rural handicrafts in the United States.

Periodical: Extension Service Review, monthly, 75 cents a year.

Farm Credit Administration, United States Department of Agriculture (1933); Washington 25, D. C.; I. W. Duggan, Governor.

Purpose and Activities: To provide a complete and coordinated credit system for agriculture by making available to farmers both long-term and short-term credit, as well as credit for farmers' business cooperatives. For farm credit purposes the loaning activities are decentralized in 12 district offices which make loans to farmers through local associations. In

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each district office there is a federal land bank, a production credit corporation, a federal intermediate credit bank, and a bank for cooperatives. The funds loaned are secured largely through the sale of bonds and debentures in the investment market. The Cooperative Research and Service Division makes research studies of the activities of cooperative marketing, purchasing, and business service organizations. On the basis of these studies it makes available to managers, directors, and members of farmers' cooperative organizations the information that may help them to increase the effectiveness of their operations.

Periodicals: News for Farmer Cooperatives, monthly, \$1.00 a year; Semiannual Report on Loans and Discounts, free.

Farmers Home Administration, United States Department of Agriculture (1946); Washington 25, D. C.; Dillard B. Lassetter, Administrator.

Activities: This agency, to which the functions of the former Farm Security Administration were transferred in November, 1946, furnishes credit services to farmers who cannot get the loans they need at prevailing rates (but not more than 5 per cent) and terms in their communities from banks, cooperative lending agencies, or other responsible sources. The Farmers Home Administration Act of 1946 authorizes 3 types of credit. Farm ownership loans up to the reasonable value of the farm and necessary improvements, to buy, repair, improve, or enlarge family-type farms. Insured mortgages, in connection with which the agency is authorized to insure 40-year loans by private lenders for the same purposes as the farm ownership loans. Production and subsistence loans up to \$3,500 for buying livestock, seed, feed, fertilizer, farm equipment, supplies, and other farm needs; for refinancing indebtedness; and for family subsistence. Veterans have preference for direct and insured mortgage loans. Disabled veterans are eligible to buy, repair, enlarge, or improve farms adapted to their capacities, provided farm income plus pensions will be enough to pay living and operating expenses and retire the debt. Borrower families are helped to obtain necessary medical care through county-wide medical care plans.

Federal Bureau of Investigation, United States Department of Justice (1908); 9th St. and Pennsylvania Ave., NW., Washington 25, D. C.; J. Edgar Hoover, Director.

Activities: The FBI serves as the investigative arm of the United States Department of Justice and is charged with the duty of investigating violations of the laws of the United States, collecting evidence in cases in which the United States is or may be a party in interest, and performing other duties im-

posed upon it by law. Violations of federal statutes such as espionage, kidnapping, bank robbery, bribery, bankruptcy, etc., are investigated. The FBI has 52 field offices located strategically throughout the United States and its territorial possessions. It is a source of information on juvenile delinquency statistics, and its Uniform Crime Reports furnish accurate information on national, state, and local crime and delinquency conditions.

Periodical: FBI Law Enforcement Bulletin, monthly, free to duly constituted law enforcement agencies and officials.

Federal Deposit Insurance Corporation (1934); Press Bldg., 14th and F Sts., Washington 25, D. C.; Claude R. Orchard, Special Assistant to the Board of Directors.

Activities: Among its other activities the Corporation charters federal credit unions under the Federal Credit Union Act of 1934. Under this Act it is possible for groups of people with a common bond of occupation, association, or residence to establish a cooperative thrift and lending society under federal supervision, wherein members, under proper safeguards and following carefully worked out plans, may save money in small amounts. The money so saved may in turn be loaned to members for provident or productive purposes at a reasonable rate of interest. Over 5,000 charters have been granted to groups made up of employees of a factory, mill, or store; to members of a church, lodge, or labor union; to farmers; or to residents of a small community. The Corporation supervises and examines all federal credit unions. Under the law it is required to prescribe the forms on which records are to be kept and the system of accounting, and may establish rules and regulations. Consideration has been given to the desirability of a helpful and constructive type of supervision. As of December 31, 1945, the number of members of federal credit unions exceeded 1,200,000, the assets amounted to \$153,000,000, and the loans made came to \$736,000,000.

Federal Home Loan Bank Administration, National Housing Agency (1932); 101 Indiana Ave., NW., Washington 25, D. C.; John H. Fahey, Commissioner.

Activities: The Administration supervises the following subsidiary agencies: Federal Home Loan Bank System, which was created to provide a national credit reserve for home-financing institutions; Federal Savings and Loan Insurance Corporation, which insures up to \$5,000 the savings of investors in thrift and home-financing institutions; Home Owners' Loan Corporation, which was created to make loans to distressed home owners threatened with foreclosure during the depression and which is

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now liquidating those loans and the properties it was forced to acquire.

Periodical: Federal Home Loan Bank Review, monthly, \$1.00 a year.

Federal Housing Administration, National Housing Agency (1934); Vermont Ave. and K St., NW., Washington 25, D. C.; Raymond M. Foley, Commissioner.

Purpose and Activities: To insure instalment credit advances by private lending institutions for property repair, improvement, and modernization; and to insure privately financed mortgage loans on newly built or older homes and on rental projects meeting Federal Housing Administration location requirements and construction standards.

Periodical: Insured Mortgage Portfolio, quarterly, 75 cents a year.

Federal Public Housing Authority, National Housing Agency (1942); 1201 Connecticut Ave., NW., Washington 25, D. C.; Dillon S. Myer, Commissioner.

Activities: The Authority was created to take over from several other agencies functions concerned with publicly financed nonfarm civilian housing. It is presently engaged, as a part of the Veterans Emergency Housing Program, in relocating and converting surplus civilian war housing and military structures for re-use as temporary emergency housing for veterans at educational institutions and in municipalities. It is also managing federally financed war housing during the period of reconversion for families of veterans and servicemen, for workers at plants still under war contracts, and for other distressed families dislocated or displaced as a result of the war or demobilization. Any federally owned war housing, determined to be surplus to these needs, is in process of disposition. Its principal peacetime housing activity is the administration of the low-rent housing and slum clearance program previously under the United States Housing Authority. Under this program loans and annual subsidy assistance are furnished to local housing authorities building, owning, and operating projects containing decent dwellings for low-income families who formerly lived under unsafe and insanitary housing conditions. It has responsibility also for earlier housing projects built by the Public Works Administration and for suburban and nonfarm subsistence homestead projects transferred from the former Farm Security Administration.

Federal Security Agency (1939); Social Security Bldg., 4th St. and Independence Ave., SW., Washington 25, D. C.; Watson B. Miller, Federal Security Administrator.

Purpose and Activities: To promote social and eco-

nomic security, educational opportunity, and the health of the citizens of the nation. In the interests of clarifying the interrelationships in this broad area of service, and of strengthening administrative machinery, the Federal Security Agency was reorganized in July, 1946, in accordance with the President's Reorganization Plan No. 2. Major changes effected were: transfer of the Children's Bureau from the Department of Labor to the Social Security Administration, and of the Bureau of Vital Statistics (renamed the National Office of Vital Statistics) from the Department of Commerce to the Public Health Service; termination of the 3-member Social Security Board, and of the formerly independent United States Employees' Compensation Commission, with provision for handling the responsibilities of these units under the authority of the Federal Security Administrator. The Agency's organization follows. An asterisk against the name of an agency indicates that it is listed separately in the DIRECTORY OF AGENCIES.

Federal Security Administrator
Assistant Federal Security Administrator

*Social Security Administration

*Bureau of Old-Age and Survivors Insurance

*Bureau of Employment Security

*Bureau of Public Assistance

*Children's Bureau

Education

*Office of Education

*American Printing House for the Blind
Columbia Institution for the Deaf

Howard University

Health and Medical Care

*Public Health Service

Office of the Surgeon General

National Institute of Health

Bureau of Medical Services

Bureau of State Services

Freedmen's Hospital

St. Elizabeths Hospital

Office of Special Services

*Food and Drug Administration

*Office of Vocational Rehabilitation

*Bureau of Employees' Compensation, and
Employees' Compensation Appeals Board

*Office of Community War Services

In addition, 2 new offices were created in the Office of the Administrator to advise him on matters of concern to all the Agency's programs. These are the *Office of Inter-Agency and International Relations and the *Office of Federal-State Relations.

Federal Trade Commission (1915); Pennsylvania Ave. at 6th St., Washington 25, D. C.; Otis B. Johnson, Secretary.

Purpose and Activities: To promote free and fair competition in interstate trade in the interest of the public through prevention of price-fixing agree-

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ments, boycotts, combinations in restraint of trade, unlawful price discriminations, and other unfair methods of competition and unfair or deceptive acts and practices including false advertising; to safeguard life and health of the consuming public by preventing the dissemination of false advertisements of food, drugs, cosmetics, and devices; and to make available to the President, the Congress, and the public factual data concerning economic and business conditions as a basis for remedial legislation where needed, and for the guidance and protection of the public. The duties of the Commission fall into 2 categories: legal activities in the enforcement of the laws it administers; and general investigations of economic conditions in interstate and foreign commerce. The Commission has recently put into effect a plan to expand the co-operative phases of its work and thereby improve and expedite the enforcement of the laws under its jurisdiction.

Periodicals: Weekly Calendar; Monthly Statement of Work; both free.

Fish and Wildlife Service, United States Department of the Interior (1940); 222 North Bank Dr., Chicago 54; Albert M. Day, Director.

Activities: The Service deals with the conservation of, and public interest in, fish and wildlife, including propagation and distribution of food fishes; research on production and utilization of food fishes; compiling and publicizing information relative to the fishery industries; enforcement of federal laws relating to fisheries, including whaling, and to migratory birds and the bald eagle, protecting the seal, sea otter, and other fisheries of Alaska; enforcement of Alaskan game laws; caring for the native populations of the Pribilof (or Fur Seal) Islands; research on the production and utilization of fur animals; study of the distribution, migrations, and economic relations of mammals and birds; control of predatory animals and injurious rodents and birds; maintenance of federal mammal and bird refuges, including facilities for such public recreational uses as are not inconsistent with the primary purposes of these areas; and administering federal aid to the states in wildlife restoration. The Service is a member of the Education-Recreation Council of the National Social Welfare Assembly.

Periodicals: Commercial Fisheries Review, monthly; Wildlife Review (an abstracting leaflet), 3 to 5 issues yearly; both free.

Food and Agriculture Organization of the United Nations (1945); 2000 Massachusetts Ave., NW., Washington 6, D. C.; F. L. Wormald, Executive Officer.

Purpose and Activities: To promote the common welfare by raising levels of nutrition and standards

of living of the peoples of the world; and to secure improvements in the efficiency of the production and distribution of all food and agricultural products and to better the condition of rural populations, thus contributing toward an expanding world economy. The immediate aim of the FAO is the abolition of hunger and malnutrition by increasing the output in the chief food-producing countries. FAO cannot direct the domestic policies of participating countries. But it can compile, analyze, and interpret facts and disseminate information on nutrition, food, and agriculture; and can furnish technical assistance at the request of member nations and ask for periodic reports from these nations on actions taken in line with recommendations.

Periodical: Information Service Bulletin, monthly, free.

Food Distribution Programs Branch, Production and Marketing Administration, United States Department of Agriculture (1946); Washington 25, D. C.; Paul C. Stark, Director.

Activities: One of the principal activities of the Branch is administering the school lunch program, under which schools serving lunches to students may receive financial and technical assistance. This program, now in its eleventh year of operation, was authorized on a permanent basis by passage of the National School Lunch Act of 1946. The Branch also plans and directs the distribution of foods purchased by the Department of Agriculture under its price-support programs. Commodities so acquired are donated to schools, eleemosynary institutions, and welfare groups. In cooperation with distributive trade groups, the Branch plans merchandising programs designed to increase the movement of seasonally abundant foods through normal trade channels and assists food trade groups in the solution of special distribution problems. Other Branch activities include: assisting industrial plants to improve in-plant feeding services, providing technical assistance to community food preservation centers, and cooperating with state and local groups in nutrition education programs.

Food and Drug Administration, Office of Special Services, Federal Security Agency (1927); New Social Security Bldg., Washington 25, D. C.; Paul B. Dunbar, Ph.D., Commissioner.

Activities: The Administration is charged with the enforcement of the Food, Drug, and Cosmetic Act and 4 other acts designed to insure the honesty and purity of foods, drugs, devices, and cosmetics entering interstate commerce in order to prevent within federal jurisdiction the sale of products that may be injurious to health, that are filthy or decomposed, that are short in weight or volume, that are falsely

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labeled as to identity, quality, quantity, or therapeutic efficacy, or that are adulterated in any manner whatsoever.

Periodical: Notices of Judgment (foods, drugs and devices, cosmetics, judicial review of orders, caustic poisons), occasional issues, free.

Forest Service, United States Department of Agriculture (1905); Washington 25, D. C.; Lyle F. Watts, Chief.

Purpose and Activities: To conserve and develop the country's forests, and to insure abundant future supplies of forest products and the social benefits inherent in productive forest land. Protection of forested watersheds of vital importance to irrigation projects, flood control, and water-power development is also a major concern of the Service. Through sustained research it aims to develop and expand the technical basis for sound forestry practice, efficient wood utilization, improved range management, and intelligent watershed protection. To stimulate good forestry and range practices it cooperates with state agencies in forest fire protection and in giving technical advice and other assistance to farmers and industrial forest and range land owners. It is especially charged with acquisition, development, and management of a system of national forests which now comprise 178,000,000 acres, and include about one-fourth of the forest land available for producing timber of commercial quantity and quality. While setting aside certain areas for scenic purposes and watershed protection, the timber and range resources of the national forests are being utilized to contribute to local economy and national welfare. Recreational facilities are being developed in the national forests so that a larger number of people may more thoroughly enjoy forest outings. In cooperation with the various state fish and game departments, forest wildlife is protected and managed so as to insure a maximum yield.

Immigration and Naturalization Service, United States Department of Justice (1891); Franklin Trust Bldg., Philadelphia 2; Ugo Carusi, Commissioner.

Activities: The Service, under the immediate direction of the Attorney General, has charge of the administration of the immigration and nationality laws. Functions relate to the admission, exclusion, and deportation of aliens, the registration and fingerprinting of aliens, the naturalization of non-citizens lawfully resident in the United States, the investigation of alleged violations of the immigration and nationality laws, and the submission of evidence of alleged violations to the appropriate United States District Attorneys. The primary function of the Immigration Border Patrol, which operates as a part of the immigration force, is to detect

and prevent the smuggling and surreptitious entry of aliens into the United States in violation of the immigration laws, and to apprehend smugglers of aliens as well as aliens who have effected unlawful entry. The Service, through its field offices, investigates the qualifications of candidates for citizenship and represents the federal government at the hearings in court of petitions for naturalization. It cooperates with the public schools throughout the United States in the education of applicants for naturalization for their citizenship duties and responsibilities.

Periodical: Monthly Review, \$1.00 a year.

Information and Education Division, Special Staff, War Department (1941); The Pentagon, Washington 25, D. C.; Brig. Gen. Charles T. Lanham, Chief.

Activities: The Division formulates plans, prepares and disseminates materials, provides programs and services, and supervises the execution of such programs whereby commanders of the major commands and of overseas commands may execute programs for the information and education of military personnel. These programs encompass information and background material of a current and timely nature appropriate to the knowledge of an informed soldier, including educational materials and services such as correspondence courses, self-teaching courses, class instruction, and accreditation and testing services. The Division arranges for the training of personnel for information-education duties, including the establishment of training policies and doctrine; collaborates with the Navy in developing plans and procedures for their use of information and education programs, materials, and services; prepares studies on, plans and develops procedures for, and conducts all surveys on troop attitudes and opinions throughout the military establishment; and operates the United States Armed Forces Institute and the Armed Forces Radio Service.

Periodical: The Army Information Digest, monthly, available only to military personnel and military installations.

Interdepartmental Committee on Venereal Disease (1941); Social Security Bldg., 4th St. and Independence Ave., SW., Washington 25, D.C.; Dr. J. R. Heller, Jr., Secretary.

Activities: The Committee is made up of representatives of the Army, Navy, Federal Security Agency, U.S. Public Health Service, and American Social Hygiene Association. It is the official operating committee of the above-mentioned federal agencies concerned with venereal disease control, which advises the Secretary of War, the Secretary of the

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Navy, and the Federal Security Administrator on the government's venereal disease control program, its progress and problems, and integrates the administrative operations of the departments and organizations dealing with venereal disease control and associated problems.

Intergovernmental Committee on Refugees (1938); 19 Hill St., London W. 1, England; Sir Herbert W. Emerson, Director. Room 326, 1344 Connecticut Ave., NW., Washington 25, D. C.; Martha H. Biehle, American Resident Representative.

Activities: The Committee, having 35 member governments, is authorized to preserve, maintain, and transport all those persons, wherever they may be, who, as a result of events in Europe, have had to leave, or may have to leave, their countries of residence because of the danger to their lives or liberties on account of their race, religion, or political beliefs. To carry out its mandate the Committee engages in 3 kinds of activity: legal and political protection for stateless refugees who do not have the protection of any government; maintenance grants, vocational retraining, and migration assistance to refugees in countries of refuge; and planning for the permanent resettlement of those refugees who are unable or unwilling to return to their former homelands.

Interim Commission of the World Health Organization of United Nations (1946); Room 441, 2 East 103d St., New York 29; and Palais des Nations, Geneva, Switzerland; Dr. Brock Chisholm, Executive Secretary.

Activities: The Commission was set up under the Arrangement concluded by the governments represented at the International Health Conference and signed on July 22, 1946, by representatives of the 51 States Members of the United Nations and by 10 States Non-Members (Albania, Austria, Bulgaria, Eire, Finland, Italy, Portugal, Siam, Switzerland, Transjordan). Its functions are to negotiate transfer from the United Nations of functions and activities of the League of Nations Health Organization; to negotiate transfer of duties and functions of the Office International d'Hygiene Publique (Paris) and functions entrusted to UNRRA by the International Sanitary Conventions of 1944; to enter into arrangements with the Pan American Sanitary Organization and other intergovernmental regional health organizations for their integration into the World Health Organization; to establish effective relationships with various other intergovernmental organizations; to consider any urgent health problem brought to its notice by any government, to give technical advice, advise governments of urgent health needs and, if required, coordinate any as-

sistance undertaken by governments or intergovernmental organizations; and to plan and convoke the first session of the World Health Assembly.

International Labor Office, Washington Branch (1920); 734 Jackson Pl., Washington 6, D. C.; Mrs. Elizabeth Rowe, Executive Secretary.

Purpose and Activities: To represent the International Labor Office (I.L.O.) in the United States. The Washington Branch supplies the international office in Montreal with information and material on the labor and industrial situation in the United States; supplies information regarding the organization and its work to persons in this country; and serves in a liaison capacity between individuals and agencies in the United States and the I.L.O. The Washington Branch is also in charge of the distribution and sale of all I.L.O. publications in the United States.

Periodicals: International Labour Review, monthly, \$5.00 a year; Industrial Safety Survey, quarterly, \$1.50 a year; International Labor Conference Documents, annually, \$8.50; Yearbook of Labor Statistics, annually, \$3.00 a copy.

Labor Branch, Production and Marketing Administration, United States Department of Agriculture (1945); Temporary Building X, Washington 25, D. C.; Wilson R. Buie, Director.

Activities: The major functions of the Labor Branch are its foreign farm labor program and its wage stabilization program. Under the latter it formulates and administers a program to stabilize agricultural wages and salaries. Under the former it develops and executes a program to provide foreign agricultural workers needed to meet the labor requirements that cannot be met with intrastate and interstate domestic workers. In October, 1946, a total of 64,535 foreign laborers were performing agricultural work in the continental United States under government supervision. Most of the work was of a seasonal nature, requiring the services of migratory workers. The workers included 41,225 Mexicans, 11,813 Jamaicans, 5,073 Bahamians, 2,277 Barbadians, 485 Newfoundlanders, and 112 British Hondurans. The Labor Branch was responsible for recruiting these workers, transporting them to work areas, and returning them to home countries, as well as for providing medical care and looking after their general welfare, and in many cases providing housing in government camps.

National Housing Agency (1942); 4th St. and Independence Ave., SW., Washington 25, D. C.; Wilson W. Wyatt, Administrator and Housing Expediter.

Activities: The Agency is responsible for the na-

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tional housing program and is currently centering its attention on the Veterans Emergency Housing Program. The Agency operates through the Office of the Administrator, which engages in broad policy-making activities, and 3 operating constituents: the Federal Home Loan Bank Administration, the Federal Housing Administration, and the Federal Public Housing Authority. These constituent agencies are listed separately in this section of the DIRECTORY OF AGENCIES. The Veterans Emergency Housing Program, calling for a two-year emergency program of 2,700,000 housing units put under construction during 1946 and 1947, was prepared by the Office of the Housing Expediter. This Office was established by the President in January, 1946, and later confirmed by Congress. It was given broad powers over all federal agencies whose activities relate to housing in order to carry out an emergency housing program for veterans. The President later named the Housing Expediter to serve also as Administrator of the National Housing Agency. The Expediter-Administrator is represented in the field by 8 regional housing expeditors.

National Labor Relations Board (1935); 815 Connecticut Ave., NW., Washington 25, D. C.; Paul M. Herzog, Chairman.

Activities: The Board, appointed by the President under the terms of the National Labor Relations Act, is authorized to investigate charges of the commission of alleged unfair labor practices set forth in the Act, and upon petition to certify representatives for purposes of collective bargaining in disputes affecting commerce. The Board considers evidence relating thereto and issues formal findings of fact and orders, directing employers to cease and desist from specified activities and to take steps providing relief from the effects of such activities, such as payment of back pay. The enforcement of the Board's orders rests with circuit courts of appeal through a specified machinery. There are 21 regional offices (including one each in Hawaii and Puerto Rico), which handle charges, petitions, and disputes locally as the Board's agents.

National Mediation Board (1934); Federal Works Agency Bldg., Washington 25, D. C.; Frank P. Douglass, Chairman.

Purpose and Activities: To facilitate, chiefly through the process of mediation, the making and maintenance of labor agreements between representatives of railroads or airlines and of their employees establishing the rates of pay, hours of work, and working rules of these employees. To the end that this purpose may effectively be accomplished, the Railway Labor Act establishing the Board forbids any limitations by railroads or airlines upon freedom of association among their employees. The Board, when its services are invoked by such employees, may also

investigate disputes as to representation and certify who may represent these employees for the purpose of collective bargaining.

National Park Service, United States Department of the Interior (1916); 222 North Bank Dr., Chicago 54; Newton B. Drury, Director.

Activities: Under congressional mandate, the Service administers the national parks, national monuments, and other areas of the National Park System in conformance with the fundamental purpose of such areas. This purpose is to conserve the scenery and the natural and historic objects and the wildlife therein and to provide for the enjoyment of the same in such manner and by such means as will leave them unimpaired for the enjoyment of future generations. In addition the Service, under cooperative agreements with other federal agencies, administers 4 recreational areas adjacent to dams in western states. It also cooperates with other federal agencies and with state governments in developing coordinated and adequate public park, parkway, and recreational-area facilities.

National Wage Stabilization Board, United States Department of Labor (1945); Washington 25, D. C.; B. M. Joffe, Executive Director.

Purpose and Activities: To stabilize wages as an anti-inflationary measure. The Board is tripartite in composition with members representing employers, employees, and the public. Its functions include acting on applications for approval of wage or salary increases or decreases, when such affect prices or increased cost to the United States government, and carrying out a program for the enforcement of stabilization rules. Authority to carry out the functions of the Board is delegated to 12 regional boards, each composed of representatives of employers, employees, and the public. The Board has succeeded to the stabilization functions of the former National War Labor Board.

Office of Community War Services, Office of Special Services, Federal Security Agency (1943); Social Security Bldg., 4th St. and Independence Ave., SW., Washington 25, D. C.; Dean Snyder, Executive Officer.

Activities: The former wartime responsibilities of the Office of Community War Services (as successor to the Office of Defense Health and Welfare Services) in connection with the coordination of health, education, welfare, recreation, and related services had been largely discharged by late 1946. The lack of congressional appropriation resulted in the termination of the work of the Social Protection Division in July, 1946. The Recreation Division has remained and is engaged in the final liquidation

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of the program of the Office of Community War Services. This is being accomplished through continued collaboration with the War and Navy Departments, the Federal Works Agency, the United Service Organizations, and various local community recreation organizations. As the need of recreation programs for service personnel decreases or ceases to exist, the Recreation Division assists in the orderly termination of these programs and in the disposal of surplus federal recreation facilities. It is expected that final liquidation will be completed by June 30, 1947.

Office of Dependency Benefits, War Department (1942); Army Finance Center, Office of the Chief of Finance, 4300 Goodfellow Blvd., St. Louis 20; Commanding Officer, Office of Dependency Benefits.

Activities: The Office administers the following for Army personnel: the Servicemen's Dependents Allowance Act of 1942, as amended, which provides monthly family allowances for dependents of men and women in the enlisted grades and aviation cadets; and previously enacted laws under which voluntary Class E allotments may be authorized by Army personnel in all grades from privates to generals, and also by certain civilian employees of the War Department stationed outside the continental limits of the United States. Since July 1, 1946, the Office has also handled soldiers' insurance allotments to pay premiums on National Service Life Insurance and Government Life Insurance, soldiers' deposit accounts, and the final settlement of accounts of deceased soldiers.

Office of Education, Federal Security Agency (1867); Temporary Building M, 26th St. and Constitution Ave., NW., Washington 25, D. C.; John W. Studebaker, Commissioner.

Purpose and Activities: To collect statistics and facts to show the condition and progress of education in the several states and outlying parts, and in other countries; to diffuse such information through consultations, conferences, and publications; and otherwise to promote the cause of education throughout the country. The Office acts as a national clearinghouse of information in all fields of educational activity and cooperates with national organizations and with state departments of education. Its 8 major operating divisions are as follows: Auxiliary Services, Central Services, Elementary Education, Higher Education, International Educational Relations, School Administration, Secondary Education, and Vocational Education. The federal program of vocational education is administered by the Office under provisions of the Smith-Hughes and subsequent acts providing grants-in-aid to the states. The Office is also responsible for the supervision of expenditures of funds appropriated by Congress for land-grant colleges under provisions

of the two Morrill Acts. The Office of Education publishes bulletins, statistical reports, pamphlets, and other materials on all levels of education.

Periodicals: Higher Education, semimonthly, 75 cents a year; School Life, monthly, \$1.00 a year.

Office of Federal-State Relations, Federal Security Agency (1946); Washington 25, D. C.; George E. Bigge, Director.

Activities: This staff office of the Federal Security Agency is responsible for studying and advising the Administrator of the Federal Security Agency on all phases of federal-state relations carried on within the Agency. It seeks to establish, in so far as practicable, uniform standards and procedures relating to fiscal, personnel, and other requirements common to 2 or more of the Agency's grant-in-aid programs; also standards and procedures under which a state agency participating in more than one grant-in-aid program may submit a single plan of operation and be subject to a single federal fiscal and administrative review of its operation.

Office of Indian Affairs, United States Department of the Interior (1824); 222 North Bank Dr., Chicago 54; William A. Brophy, Commissioner.

Purpose and Activities: To promote the welfare of the Indians of the United States and the Indians, Eskimos, and Aleuts of the Territory of Alaska through the extension of medical and educational services, the rehabilitation of Indian lands with soil and water conservation, the purchase of new lands to consolidate the Indian's estate, the extension of credit and livestock to promote Indian economic enterprise, assistance with native arts and crafts, and help in the adaptation of surviving native institutions to modern Indian life. The Office is responsible for the operation of boarding schools, day schools, and community centers for adult as well as juvenile education, and guides or supervises the education of 40,429 Indian children in schools other than Indian Service schools. The operation of hospitals and other activities for the improvement of health and sanitation on the reservations is also under the direction of the Office.

Periodical: Indian Education, fortnightly, free on request, limited quantity available.

Office of Inter-Agency and International Relations, Federal Security Agency (1946); Social Security Bldg., Washington 25, D. C.; Mrs. Ellen S. Woodward, Director.

Activities: The Office coordinates the relationships of the Federal Security Agency with other federal departments and agencies, international agencies, and organized groups concerned with health, education, welfare, social insurance, and related pro-

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grams; establishes and maintains cooperative relationships with national and international agencies and organized groups and represents the Federal Security Agency on interdepartmental committees; acts as liaison with representatives of foreign governments and advises concerning opportunities for study and exchange of experience and information and for interchange of students and personnel with other countries; carries responsibility for arranging Agency conferences with interested organizations on matters of mutual concern; keeps the Administrator advised on programs and activities of all agencies and organized groups active in the fields of health, education, welfare, social insurance, and related programs; and evaluates the effects of the policies of other government agencies on the programs of the Federal Security Agency and makes recommendations thereon.

Office of Price Administration (1942); Federal Office Bldg., No. 1, 2d and D Sts., SW., Washington 25, D. C.; Paul A. Porter, Administrator.

Purpose and Activities: To stabilize prices and to prevent speculative, unwarranted, and abnormal increases in prices and rents; to eliminate and prevent profiteering, hoarding, manipulation, speculation, and other disruptive practices resulting from abnormal market conditions or scarcities caused by or contributing to the national emergency; to protect persons with relatively fixed and limited incomes, consumers, wage-earners, investors, and persons dependent on life insurance, annuities, and pensions from undue impairment of their standard of living; to prevent hardships to persons engaged in business, to schools, universities, and other institutions, and to the federal, state, and local governments, which would result from abnormal increases in prices; to assist in securing adequate production of commodities and facilities; to prevent a postwar collapse of values; and to permit voluntary cooperation between the government and producers, processors, and others to accomplish these purposes. Price controls were allowed to lapse for a 3-week period in July, 1946. Congress then extended OPA to June 30, 1947, and added to the purposes set forth above those of protecting the real value of benefits provided by law for veterans and their dependents, of keeping faith with purchasers of United States War Bonds, and of making possible a successful transition to a peacetime economy of maximum employment, production, and purchasing power under a system of free enterprise. For the transition period, Congress has emphasized decontrol rather than control. Field work of the OPA is carried on through 9 regional offices, each under the direction of a regional administrator. Each regional office supervises a number of district offices which in turn supervise the Price Control Boards operating in local communities.

Periodical: Quarterly Report.

Office of the Surgeon General, War Department (1818); The Pentagon, Washington 25, D. C.; Maj. Gen. Norman T. Kirk, M.D., Ph.D., Surgeon General.

Activities: The Office is the central administrative agency through which the Medical Department accomplishes its mission of assuring the proper physical selection of military personnel; conserving military manpower through appropriate disease-preventive measures, adequate medical, surgical, and dental treatment, and suitable hospitalization and reconditioning; assuring proper physical selection and professional care of military animals; training and furnishing specialized Medical Department troops to Army Ground Forces, Army Air Forces, and units of the field forces; and assuring the supply to the Army of such equipment and supplies as are assigned to the Medical Department for procurement, in such quantities and at such times as are required to meet the Army supply program and other directives of higher authority.

Office of Vocational Rehabilitation, Office of Special Services, Federal Security Agency (1943); Rochambeau Bldg., 815 Connecticut Ave., NW., Washington 25, D. C.; Michael J. Shortley, Director.

Purpose and Activities: To cooperate with the states in providing vocational rehabilitation for physically handicapped civilians and for veterans whose disability is not service-connected. The program aids men and women disabled in industry or by accident or illness, or impaired by congenital deficiency, to maintain the human dignity of independence in productive work. Vocational rehabilitation is available to all disabled persons having employment handicaps which can be compensated by the authorized services of rehabilitation with reasonable anticipation of permanent employment. The mentally as well as the physically handicapped may be served, the blind may be rehabilitated on the same terms as other groups of the disabled, and there is specific provision for war-disabled civilians. The program provides thorough physical examinations; necessary medical, surgical, psychiatric, and hospital treatment; necessary prosthetic devices such as artificial limbs, hearing aids, and the like; individual counseling and guidance; training for jobs; maintenance and transportation during rehabilitation, if needed; necessary tools, equipment, and licenses; placement on the right job; and post-placement follow-up.

Office of War Mobilization and Reconversion (1944); East Wing, White House, Washington 25, D. C.; Dr. John Roy Steelman, Director.

Purpose and Activities: The Office was established to coordinate the mobilization of the United States

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for war and to plan for and guide the transition of the nation from war to peace. To carry out this purpose OWMR received authority to: coordinate and direct federal agencies, issue orders and regulations to them, and settle disagreements among them; promote and assist in developing demobilization and reconversion plans; determine the need to simplify, consolidate, or eliminate emergency war agencies; recommend appropriate legislation to the Congress; consult and cooperate with state and local governments and other national and local groups on reconversion problems; and submit quarterly reports to the President and Congress on reconversion progress. The Office of Economic Stabilization was transferred to OWMR in July, 1946.

Periodical: Report of the Director to the President, the Senate and the House of Representatives, quarterly, free.

Pan American Union (1890); 17th St. and Constitution Ave., NW., Washington 6, D. C.; L. S. Rowe, Director General.

Activities: The Union is the international organization maintained by the 21 American Republics to promote peace and friendship among them by fostering closer political, economic, juridical, social, and cultural relations. It is the central agency of the inter-American system and functions under a governing board composed of representatives appointed by the several governments.

Periodical: Bulletin of the Pan American Union, monthly, \$1.50 a year.

Public Health Service, Federal Security Agency (1798); Washington 25, D. C.; Dr. Thomas Parran, Surgeon General.

Activities: The Public Health Service is the principal federal agency responsible for the protection of the nation's health. It has 4 main administrative units: Office of the Surgeon General, National Institute of Health, Bureau of Medical Services, and Bureau of State Services. The Service cooperates with the states in the development of public health services through grants-in-aid, technical assistance, and expert consultation. Current special programs include control of venereal disease, tuberculosis, and other communicable diseases; industrial hygiene; mental health; hospital surveys and construction; and sanitation. The Service administers the U.S. Cadet Nurse Corps training program. It serves as the medical branch of the Coast Guard. Merchant seamen, members of the Coast Guard and their dependents, Coast and Geodetic Survey personnel, and other specified beneficiaries are cared for in 24 Marine Hospitals. The National Institute of Health conducts research into the causes and prevention of disease, and grants are made for research elsewhere. Foreign and interstate quarantine is a legal responsibility of the Service, the latter

being carried out mainly through the cooperation of state health authorities. The manufacture of biologic products sold in interstate commerce is controlled and licensed by the Service. Reports on the incidence of disease, vital statistics, scientific studies, and other subjects relating to public health are published. The Service cooperates with other federal agencies in activities relating to health and sanitation, including medical service to federal penal institutions.

Periodicals: Public Health Reports, weekly, \$4.00 a year; Industrial Hygiene News Letter, monthly, free; Journal of Venereal Disease Information, monthly, 50 cents a year; Public Health Engineering Abstracts, monthly, free; Journal of the National Cancer Institute, bimonthly, \$2.00 a year; National Negro Health News, quarterly, free.

Railroad Retirement Board (1935); 844 Rush St., Chicago 11; William J. Kennedy, Chairman.

Activities: The Board administers the following: a retirement system for the payment of annuities and pensions to aged and disabled railroad employes, and survivor annuities and lump-sum death benefit payments to the survivors of railroad employes, annuitants, and pensioners; an unemployment insurance system for the payment of benefits to railroad employes who become unemployed due to lack of work or to sickness, including maternity sickness; and a free employment service for unemployed railroad workers and others, including ex-service men and women interested in railroad employment.

Retraining and Reemployment Administration, United States Department of Labor (1946); Federal Trade Commission Bldg., Washington 25, D. C.; Maj. Gen. G. B. Erskine, U.S.M.C., Administrator.

Purpose and Activities: To have general administration and direction of the activities of all existing executive agencies (except the Veterans Administration and the Administrator of Veterans Affairs) authorized by law relating to retraining, reemployment, vocational education, and vocational rehabilitation for the purpose of coordinating such activities and eliminating overlapping functions of such agencies. The Administrator is authorized to confer with state and local agencies and officials in charge of similar programs for the purpose of coordinating the activities of federal agencies with the activities of state and local agencies. Among other activities, the Administrator calls conferences with representatives of various governmental and voluntary agencies for discussion and resolution of current problems; appoints interagency committees to work on specific projects; inquires into and makes recommendations on problems presented or

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assigned to the RRA for solution; drafts proposed legislation; supports legislative proposals originating from other sources; and issues regulations in connection with activities of those executive agencies with which the RRA is concerned. The ultimate aim of the RRA is the reintegration into community life of all Americans whose lives have been disrupted by the war.

Rural Electrification Administration, United States Department of Agriculture (1935); Washington 25, D. C.; Claude R. Wickard, Administrator.

Activities: This agency promotes rural electrification by making loans to finance electric systems in rural areas. It operates no electric facilities. Under the Rural Electrification Act, REA is authorized to lend funds to cooperatives, public utility districts, municipalities, or power companies to finance electric generation, transmission, and distribution facilities in order to bring electricity to persons in rural areas not receiving central station electric service. The Act also authorizes loans to finance the wiring of rural establishments and the purchase of appliances by those receiving service. Nonprofit and limited-profit groups receive preference as borrowers of REA funds; more than 95 per cent of all REA funds have been lent to locally-owned, member-controlled cooperatives organized under state laws by rural people who lacked electric service. Retail rates are based on cost, with allowance for repayment of the government loan. All REA loans are self-liquidating, with a maximum amortization period of 35 years and an interest rate of 2 per cent.

Periodical: Rural Electrification News, monthly, 75 cents a year.

Selective Service System (1940); 21st and C Sts., NW., Washington 25, D. C.; Maj. Gen. Lewis B. Hershey, Director.

Activities: Under the Selective Training and Service Act of 1940, as amended, the Selective Service System has been authorized to procure men for training and service in the armed forces of the United States according to approved rules and regulations. As the entire program of Selective Service calls for a decentralization of its operations, national headquarters serves primarily as a coordinating agency for the various headquarters set up for the individual states, Alaska, Hawaii, Puerto Rico, the Virgin Islands, and the District of Columbia. It serves as a liaison agency between the War and the Navy Departments and the general public. When called upon to supplement the manpower of the armed forces, it then calls upon the individual state headquarters to furnish the men required for training and service. In furtherance of the decentralization policy, each state governor is charged with the

enforcement of the Selective Service program in his state. Individual state headquarters coordinate the work of the various appeal boards, medical advisory boards, registrants' advisory boards, local boards, and other Selective Service units and agents under their jurisdiction. All members of local boards, appeal boards, medical advisory boards, registrants' advisory boards, and local board physicians serve without pay. The local boards maintain direct contact with the prospective trainees, their families, and employers. Their power is virtually autonomous and their decision as to a registrant's classification is final except when an appeal is taken.

Periodical: Selective Service Bulletin, monthly.

Social Security Administration, Federal Security Agency (1946); Social Security Bldg., Washington 25, D. C.; Arthur J. Altmeyer, Commissioner.

Purpose and Activities: To administer all programs under the Social Security Act—old age and survivors' insurance and grants to states for unemployment compensation administration, old age assistance, aid to dependent children, aid to the blind, maternal and child health services, services for crippled children, and child welfare services. Under the President's Reorganization Plan No. 2, effective July 16, 1946, the 3-member Social Security Board was abolished and its functions transferred to the Federal Security Agency and Federal Security Administrator; the Plan also transferred the Children's Bureau and most of its functions from the Department of Labor to the Federal Security Agency, which established the Social Security Administration with 4 operating bureaus: Bureau of Old-Age and Survivors Insurance, Bureau of Employment Security, Bureau of Public Assistance, and Children's Bureau. These Bureaus are listed separately in this section of the DIRECTORY OF AGENCIES. Regional offices maintain relations with the states, and field offices serve as local units for old age and survivors' insurance.

Periodicals: Social Security Bulletin, monthly, \$1.50 a year; Social Security Yearbook, annually.

Special Services Division, War Department (1943); The Pentagon, Washington 25, D. C.; Brig. Gen. Russel B. Reynolds, Chief.

Activities: The Division is an administrative service of the War Department General Staff and includes Army Athletic and Recreation Service, Army Exchange Service, and Army Motion Picture Service. It formulates Army-wide policies relating to recreation, entertainment, and Army Exchange activities, and procurement of needed equipment and merchandise; supervises expenditures of available funds; and assists commanders in the field toward the goal of a satisfied and contented soldiery by offering a wide variety of planned off-duty programs

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that will enhance everyday living. These basic programs, with facilities to carry them out, include athletics, live shows, library services, music, handicrafts, motion pictures, and post exchange services. Army hostesses operate enlisted men's service clubs, and rest and recreation centers; Army librarians supervise the libraries; and civilian actress technicians assist soldiers overseas in producing their own shows. Other programs overseas include GI tours to places of interest for vacation-minded soldiers.

Tennessee Valley Authority (1933); New Sprinkle Bldg., Knoxville, Tenn.; Board of Directors: David E. Lilienthal, Chairman, Harcourt A. Morgan and James P. Pope. Other TVA offices at Woodward Bldg., 15th and H Sts., NW., Washington 25, D. C.; Chattanooga, Tenn.; and Wilson Dam, Ala.

Purpose: To develop the Tennessee River system in the interests of navigation, flood control, and electric power; to develop new and improved plant foods and processes to be used in encouraging the agricultural development of the region; to encourage the industrial development of the region through surveys on resources and research on processes and machinery; to conduct surveys and make plans for the conservation and development of the natural resources of the Tennessee Valley region and adjoining territories, which may be related to or materially affected by the Authority's program or activities, as a basis for future legislation or other action to promote such conservation and development by Congress or by state authorities; and to maintain its properties in the interests of national defense.

United Nations Relief and Rehabilitation Administration (1943); 1344 Connecticut Ave., NW., Washington 25, D. C.; Joseph Lilly, Director of Public Information.

Purpose and Activities: To procure and distribute equitably among receiving nations relief and rehabilitation supplies, to render services which can best be carried on by an international agency, and to help countries to help themselves. UNRRA is an international organization composed of 48 united nations. It is a service agency which assists a country in agreement with the national authorities, or if the area is still under military control, in agreement with the military. It is concerned with meeting immediate basic needs for food, clothing, and medical care; and also for agricultural and industrial rehabilitation. In addition, it carries on a program of assistance to displaced persons of United Nations nationality and to certain categories of persecuted persons. Its funds are spent for relief and rehabilitation supplies, mainly for those liberated countries whose governments are unable to pay for imports

in foreign exchange. Countries which have received UNRRA assistance are Albania, Austria, the Byelorussian Soviet Socialist Republic, China, Czechoslovakia, the Dodecanese Islands, Ethiopia, Finland, Greece, Hungary, Italy, Korea, Philippine Islands, Poland, San Marino, the Ukrainian Soviet Socialist Republic, and Yugoslavia. The European relief program was scheduled to terminate by the end of 1946 and the corresponding program for the Far East (chiefly China) by the spring of 1947. UNRRA's European displaced persons program is to continue until the proposed International Refugee Organization comes into operation, but not beyond June 30, 1947.

Periodical: Monthly Review, free.

United States Civil Service Commission (1883); 8th and F Sts., NW., Washington 25, D. C.; L. A. Moyer, Executive Director and Chief Examiner.

Purpose and Activities: To act as the recruiting agency for the federal civil service, and to administer other provisions of the civil service laws and rules. Examinations are held for practically every occupation. Information concerning announced examinations may be obtained from the Board of United States Civil Service Examiners at the post office or custom house in any city which has a first-class or second-class post office. Announcements in the social work field are also sent to the American Association of Social Workers. The Council of Personnel Administration is now part of the Commission.

United States Conciliation Service, United States Department of Labor (1913); Washington 25, D. C.; Edgar L. Warren, Director.

Purpose and Activities: To promote and maintain harmonious labor-management relations. The Secretary of Labor has delegated conciliatory functions to the Conciliation Service. Commissioners of conciliation are located in strategic areas so that they may be available to employes and employers on short notice. Their activities are directed from a national office in Washington and 7 regional offices located in Atlanta, Boston, Chicago, Cleveland, Kansas City, Mo., New York, and San Francisco. Commissioners of conciliation aid in the prevention as well as settlement of all types of labor disputes, such as strikes, lockouts, threatened strikes, controversies, and sundry disputes. They endeavor to settle these disputes through voluntary methods of conciliation, arbitration, and technical surveys. The Service is aided in its work by the advice of Labor Management Committees in Washington and the 7 regions, created on the recommendation of the 1945 Presidential Labor Management Conference, which review the policies of the Service for efficiency and objectivity.

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United States Department of Labor (1913); 14th St. and Constitution Ave., NW., Washington 25, D. C.; Lewis B. Schwellenbach, Secretary of Labor.

Activities: The United States Department of Labor is charged with the duty of fostering, promoting, and developing the welfare of the wage-earners of the United States; improving their working conditions, and advancing their opportunities for profitable employment. The Secretary has power under the law to act as mediator and to appoint commissioners of conciliation in labor disputes whenever in the Secretary's judgment the interests of industrial peace may require it to be done. The Secretary has authority to direct the collecting and collating of full and complete statistics on the conditions of labor and to call upon other departments of the government for statistical data and results obtained by them and to collate, arrange, and publish such statistical information so obtained in such manner as may seem wise. The Secretary's duties include the administration of the Fair Labor Standards and Public Contracts Acts. The following subdivisions of the Department of Labor are listed separately in this section of the **DIRECTORY OF AGENCIES**: Apprentice Training Service, Bureau of Labor Statistics, Division of Labor Standards, National Wage Stabilization Board, Retraining and Reemployment Administration, U.S. Conciliation Service, U.S. Employment Service, Wage and Hour and Public Contracts Divisions, and Women's Bureau.

Periodical: Labor Information Bulletin, monthly, 75 cents a year.

United States Employment Service, United States Department of Labor (1933); Washington 25, D. C.; Robert C. Goodwin, Director.

Purpose and Activities: To promote and develop a national system of public employment offices; to maintain a veterans' service to be devoted to securing employment for veterans; to maintain a public employment service for the District of Columbia; to assist in establishing and maintaining systems of public employment offices in the several states; and to assist in coordinating such systems throughout the country and in increasing their usefulness by developing and prescribing minimum standards of efficiency, promoting uniformity in administrative and statistical procedure, furnishing information as to opportunities for employment and other information of value in the operation of the system, and maintaining a system for clearing labor between the several states. During the war the U.S. Employment Service was operated directly by the War Manpower Commission. In November, 1946, public employment offices in the states were returned to state operation. The Washington headquarters office continues to perform the functions outlined above.

Periodicals: Employment Service Review, monthly, \$1.00 a year; Labor Information Area Series, monthly, \$8.00 a year; Labor Information Industry Series, monthly, \$1.50 a year; Labor Market, monthly, \$1.00 a year.

United States Probation System, Administrative Office of the United States Courts (1927); Supreme Court Bldg., Washington 13, D. C.; Richard A. Chappell, Chief of Probation.

Activities: The Probation System is charged with the following responsibilities: investigation of the social backgrounds of offenders appearing before the United States District Courts and furnishing reports thereon, which are of assistance to the judges in shaping sentence and to the federal correctional institutions in the treatment of offenders committed; supervision of those offenders selected for probation treatment; supervision of persons released from federal correctional institutions on parole or conditional release; and diversion of juvenile offenders to local juvenile courts capable of handling juvenile problems.

Periodical: Federal Probation, quarterly, free.

Veterans Administration (1930); Vermont Ave. between H and Eye Sts., NW., Washington 25, D. C.; Gen. Omar N. Bradley, Administrator.

Purpose and Activities: To administer certain benefits authorized by federal law for veterans of the armed forces of the United States, including medical, hospital, and domiciliary care; insurance; compensation or pension; vocational rehabilitation; education; guarantee of loans for farms, homes, and business enterprises; and readjustment allowances for unemployment and self-employment. The Administration also administers monetary benefits for dependents of such veterans. The central office is in Washington; 13 branch office areas have been established, with offices in Atlanta, Boston, Chicago, Columbus, Dallas, Denver, New York, Philadelphia, Richmond, St. Louis, St. Paul, San Francisco, and Seattle; field stations are located in every state; and insular offices are operated in Alaska, Hawaii, the Philippine Islands, and Puerto Rico. As of June 30, 1946, 703 hospitals were being utilized for veterans. The Administration operated 109 of these, other governmental agencies operated 93, and 501 were civil and state institutions. As of the same date, 87,257 beneficiaries were receiving hospital treatment, 11,320 were receiving domiciliary care, and 2,130,353 veterans and the dependents of 501,628 deceased veterans were receiving pensions, compensation benefits, or retirement pay.

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Wage and Hour and Public Contracts Divisions, United States Department of Labor (1942); 165 West 46th St., New York 19; L. Metcalfe Walling, Administrator.

Purpose and Activities: To administer and enforce the Fair Labor Standards Act of 1938 and the Walsh-Healey Public Contracts Act of 1936. The Fair Labor Standards Act sets a minimum wage of 40 cents an hour and time-and-one-half overtime after 40 hours a week for employes (unless specifically exempt) who are engaged in interstate commerce of in the production of goods for interstate commerce, including occupations necessary to such production. Its child labor provisions, however, are enforced by the Child Labor and Youth Employment Branch of the Division of Labor Standards. The Walsh-Healey Act requires government supply contracts in excess of \$10,000 to contain certain minimum wage, overtime, child labor, safety, and health stipulations. Under this Act, the Secretary of Labor determines the minimum wage in a specific industry on the basis of the prevailing minimum wage in that industry in a given locality. Bulletins and pamphlets are prepared by the Information and Compliance Branch, as certain needs make themselves felt, and are distributed through appropriate channels without charge. The administration and enforcement of these Acts are carried out through a national office, 13 regional offices with branch and field offices, and a territorial office in Puerto Rico. On complaint or acting on their own initiative, the Divisions investigate and obtain restitution of wages due under the law and illegally withheld.

War Assets Administration (1946); Railroad Retirement Bldg., Washington 25, D. C.; Robert M. Littlejohn, Administrator.

Activities: To dispose of government surplus property at a fair price. As a subsidiary obligation, the Administration is responsible for surplus war property distribution to education, health, welfare, and other nonprofit agencies.

Welfare Activity, Bureau of Naval Personnel, Navy Department (1942); Washington 25, D.C.; Chief of Naval Personnel.

Activities: The Welfare Activity is organized under the Director of Welfare of the Bureau of Naval Personnel to administer the designated programs relat-

ing to the welfare needs of men and women in the Navy. Its substantive functions are divided among 4 divisions: Corrective Services, Dependents Welfare, Informational Services, and Special Services. The Corrective Services Division is responsible for the administration of places of confinement for naval prisoners and the coordination of the Shore Patrol activities and policies of the Navy. The Dependents Welfare Division is responsible for the development and administration of a program covering benefits for dependents of naval personnel, casualty notification, casualty status determination, provision of Government Life Insurance and National Service Life Insurance covering naval personnel, and liaison relations between the Bureau of Naval Personnel and the American Red Cross, the Navy Relief Society, and the infant and maternity care program administered by the U.S. Children's Bureau. The Informational Services Division is responsible for the publication of All Hands Magazine (the Bureau of Naval Personnel information bulletin which is circulated to all naval personnel); the Ships' Editorial Association Clipper (weekly clip sheet of news for 700 ship and station newspapers); the Watch (technical publication for Navy editors); the Recreation Journal; and the Naval Reservist. The Special Services Division is responsible for the development and administration of a program covering recreational services, library service, ship's service stores, commissioned officers messes, and the handling of discharged naval personnel at the time of separation from service.

Periodicals: Clipper, weekly, free to SEA members; All Hands Magazine, monthly, \$2.00 a year; Naval Reservist, monthly, free to naval reservists; Recreation Journal, quarterly, free to recreation officers and commanding officers; Watch, quarterly, free to SEA members.

Women's Bureau, United States Department of Labor (1920); Washington 25, D.C.; Frieda S. Miller, Director.

Activities: The Bureau makes investigations, analyzes data, publishes reports, and disseminates information concerning women workers, including standards for their employment, hours, wages, working conditions, health and safety, economic problems, trends in employment, employment outlook in certain occupations, labor legislation, and political and civil status.

NATIONAL AGENCIES—VOLUNTARY

Note: Inclusion of an agency in this list signifies only that its announced purpose and activities place it within the scope of the volume; it does not indicate endorsement of an agency's work by the Russell Sage Foundation, the Editor of the *Social Work Year Book*, or the Advisory Committee.

If readers desire to refer to the listing of an agency and do not know its exact name, use may be made of the INDEX. Agencies are there listed according to the subject with which each is chiefly concerned and are also grouped under the topics to which each is significantly related. For example: the American Association of Schools of Social Work, in addition to appearing alphabetically under that title in the INDEX, is also entered as "Schools of Social Work, American Association of" and is listed under the topics "Education for Social Work" and "Social Work as a Profession" (both titles of topical articles in Part One) as one of the agencies particularly active in these fields.

In the following list, the date appearing in parentheses after the title of the agency is the year in which the organization was established.

A few international associations, most of which function nationally in the United States, are included in this list. Several organizations engaged in foreign relief and rehabilitation are also included.

This list is believed to be correct as of October, 1946.

Alcoholics Anonymous (1935); c/o Alcoholic Foundation, P.O. Box 459, Grand Central Annex, New York 17.

Membership: Individuals, 24,000; local groups, 752.

Purpose: To help the sick alcoholic if he so wishes. The organization is made up of members who have recovered from alcoholism, and who have banded together to help others.

Periodical: The AA Grapevine, monthly, \$2.50 a year. (P.O. Box 328, Grand Central Annex, New York 17.)

Alliance for Guidance of Rural Youth (1914); 1201 16th St., NW., Washington 6, D. C.; Dr. Howard A. Dawson, President.

Purpose and Activities: To provide a national service for helping to bring about adequate guidance for rural children and youth. The organization maintains a technical advisory council in Washington; directs an annual series of forums of youth-serving agencies, both voluntary and governmental; and sponsors an annual institute in which consultants from federal and voluntary national agencies work on selected rural or rural-urban problems. Resulting findings are widely distributed to those likely to be helped by them. As a technical consultant agency, invited by local authorities, it assists in guidance workshops and experimental programs and demonstrations.

Amateur Athletic Union of the United States (1888); 233 Broadway, New York 7; Daniel J. Ferris, Secretary-Treasurer.

Membership: Individuals, 24,065 (athletes of championship caliber); organizations, 42 district associations covering the United States and Hawaii.

Purpose: To encourage systematic physical exercise in the United States; to improve and promote athletic sports among amateurs; to promote the civic interests of the nation by the country-wide education of all classes of individuals in the benefits to be derived by participation in athletics and wholesome recreational sports; and to promote national, state, and local legislation in the interest of the institution of public playgrounds, gymnasiums, swimming pools, and fields for amateur sport.

Periodical: The Amateur Athlete, monthly, \$1.00 a year.

American Academy of Political and Social Science, The (1889); 3457 Walnut St., Philadelphia 4; Dr. Ernest Minor Patterson, President.

Membership: Individuals, libraries, business companies, etc., approximately 12,000.

Purpose and Activities: To provide a national forum for the discussion of political and social questions. The principal means to that end are publications and meetings. An annual meeting takes place, usually in April, and other gatherings are held as occasion arises. The Academy publishes occasional monographs and pamphlets.

Periodical: The Annals, bimonthly, to members, \$5.00 a year in paper, \$7.50 in cloth; to student members and to members of the armed forces, \$3.00 a year in paper, \$5.00 in cloth; to nonmembers, \$2.00 a copy in paper, \$2.50 in cloth.

American Arbitration Association (1926); 9 Rockefeller Plaza, New York 20; R. Emerson Swart, President.

Membership: Individuals, corporations, labor unions, and trade associations, 1,170.

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Purpose and Activities: To develop the use of voluntary arbitration in the United States and in other countries, as a means of advancing commercial and industrial peace. The Association is a voluntary non-profit organization which maintains facilities for the conduct of arbitration of commercial and labor disputes, under standard rules, before members of its national panel of arbitrators. Over 10,000 men are included in this panel, representing the leading industries and professions and located in 1,500 cities. The Association also promotes the knowledge of arbitration through special studies and through the maintenance of an educational service which furthers information on arbitration law and practice.

Periodical: Arbitration Journal, quarterly, \$3.00 a year.

American Association for Adult Education (1926); 525 West 120th St., New York 27; Morse A. Cartwright, Director.

Membership: Individuals, 2,300; organizations, 660.

Purpose and Activities: To serve as a clearinghouse for information in the field of adult education; to assist enterprises already in operation; to help organizations and groups to initiate adult education activities; and to aid and advise individuals who, although occupied with some primary vocation or interest, desire to continue learning by themselves. From 1936–1941 the Association engaged in a five-year study and appraisal of the entire field of American adult education, the results of which were published in 27 volumes in the series on the Social Significance of Adult Education in the United States. An omnibus volume, based on this series, was published in 1944 under the title, *Frontiers of American Culture: A Study of Adult Education in a Democracy*. A new edition of the *Handbook of Adult Education*, first issued in 1934, is in preparation and will be published early in 1947.

Periodical: Adult Education Journal, quarterly, \$2.00 a year.

American Association of Group Workers (1936); name changed in 1946 from American Association for the Study of Group Work; 670 Lexington Ave., New York 22; Helen Rowe, President.

Membership: Individuals, 2,021; chapters, 21.

Purpose and Activities: To promote association among education, recreation, and group workers; to raise the standards of competence among practitioners; to encourage continued study of the basic body of knowledge and skills essential to professional practice; to improve personnel practices, including professional education; to encourage research; and to provide individual and corporate ac-

tion on matters affecting the field of practice. The program of the Association functions through standing committees on professional education, study and research, publications, and study committees on particular aspects of practice, such as practice of group work in children's institutions and in religious education, and current research in group work. Local chapters of the Association are organized in 21 communities. The Association has published books and pamphlets on such subjects as group work recording, objectives, standards, and trends in wartime.

Periodicals: The Group: In Education, Recreation, Social Work, bimonthly October through May, 25 cents a copy; Proceedings, annually.

American Association on Indian Affairs (1937); 48 East 86th St., New York 28; Patricia McDermott, Executive Secretary.

Membership: Individuals, approximately 600; organizations, 3 regional branches and affiliates.

Purpose and Activities: To promote the welfare of the American Indian in the United States by integrated scientific supervision of field work and studies of Indian cultural, economic, and political problems; and by opposing encroachment on the Indian's constitutional rights. The Association places particular emphasis on Indian self-government and the creation of an enlightened public opinion toward this minority.

Periodical: The American Indian, quarterly, \$2.00 a year.

American Association of Instructors of the Blind (1853); Overbrook School for the Blind, 64th St. and Malvern Ave., Overbrook, Philadelphia; Josef G. Cauffman, Secretary-Treasurer.

Membership: 5 delegates from each residential school for the blind; 3 from each public school system having an enrollment of 25 or more blind pupils; 1 from each library for the blind; and associate, honorary, or corresponding members as elected.

Purpose: To provide a means for consultation concerning problems relating to the education of the blind, and to foster and promote movements having as their aim the improvement of such education.

Periodical: Proceedings, biennially.

American Association of Medical Social Workers, Inc. (1918); 1129 Vermont Ave., NW., Washington 5, D. C.; Margaret K. Lumpkin, Executive Secretary.

Membership: Individuals, 1,827 active members, 75 associate, 97 contributing, 75 junior, and 21 sustaining; corporate, 73 organizations.

National Agencies—Voluntary

Purpose and Activities: To promote the quality and effectiveness of social work in relation to health and medical care. The central office provides for field visits, correspondence, and representation through scientific exhibits at official meetings of the medical, hospital, health, and social work organizations. Study committees, through similar local committees, examine and report special projects. Particular emphasis is placed on education for practice in this field. The Association has 14 district and 5 regional organizations.

Periodical: The Bulletin, 6 issues yearly, \$1.00 a year.

American Association on Mental Deficiency (1876); Mansfield, Conn.; Dr. Neil A. Dayton, Secretary-Treasurer.

Membership: Individuals, 1,203.

Purpose and Activities: To study the causes and prevention of mental deficiency and subjects pertaining to the instruction and welfare of the mentally deficient. The following are among the specific aims: a complete census and registration of all mentally deficient children of school age, extra-institutional supervision of all defectives in the community, parole for all suitable institutionally trained mentally defective persons, and special provision for defective delinquents. The Association holds an annual meeting for the national group and sectional meetings in 8 regions over the country.

Periodical: American Journal of Mental Deficiency, quarterly, \$4.00 a year. (Editor, Dr. Edward J. Humphreys, State Office Bldg., Columbus, Ohio.)

American Association of Museums (1906); Smithsonian Institution, Washington 25, D. C.; Laurence Vail Coleman, Director.

Membership: Individuals, 700; organizations, 300 museums.

Purpose and Activities: To help museums to solve their problems and increase their usefulness. The Association represents museums of art, science, history, and industry in the United States, and is in touch with museums and kindred organizations throughout the world. It advises on museum problems by correspondence, and by conference in office and field. It has made grants-in-aid to individuals in the museum field for travel and study; assisted in financing projects of more than local importance; organized and built museums embodying new ideas, and started new lines of work in existing museums; promoted visual education in schools and the use of museums in colleges and universities; made possible the saving of many historic houses; and brought increased support to museums for all of their efforts. In these and other ways the Association promotes the interests of the museum profession, contributes to the educational and adminis-

trative advancement of museums, and assists in the establishment of new museums of desirable type.

Periodical: Museum News, semimonthly, to members only.

American Association to Promote the Teaching of Speech to the Deaf (1890); 1537 35th St., NW., Washington 7, D. C.; Josephine B. Timberlake, Executive Secretary.

Membership: Individuals, approximately 3,000.

Purpose and Activities: To assist schools for the deaf in their efforts to teach speech and lip reading, to provide information for parents of deaf children, and to maintain a reference library on deafness and those handicapped by deafness of any degree. The Association controls the Volta Bureau, for the increase and diffusion of knowledge relating to the deaf.

Periodicals: Volta Review, monthly, \$2.00 a year; Biennial Proceedings, \$1.00 a copy.

American Association of Psychiatric Social Workers (1926); 1790 Broadway, New York 19; Alice J. Webber, President.

Membership: Individuals, 850.

Purpose: To promote association among psychiatric social workers; to promote adequate standards for professional preparation and training; to formulate, maintain, and improve standards of psychiatric social work; and to encourage research and study in the field of psychiatric social work.

Periodical: News-Letter, quarterly, \$3.00 a year.

American Association of Schools of Social Work (1919); 130 East 22d St., New York 10; Sue Spencer, Executive Secretary.

Membership: 47 schools of social work, each of which is connected with a university or college. For a list of these schools or departments see EDUCATION FOR SOCIAL WORK in Part One.

Purpose and Activities: To develop and maintain standards of professional education for the field of social work; to provide advice and consultation to educational institutions interested in establishing schools of social work in accordance with membership standards of the Association; to initiate and further curriculum revisions in the light of changing needs in the field of practice; and to promote, through conferences, a discussion and clarification of problems of professional education. Under a special grant from the Rockefeller Foundation, the Association undertook research to determine training needs in the expanding public social services and to evaluate existing professional curricula in relation to meeting these needs. The results of this study were published in 1942 under the title, Education

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for the Public Services. In addition to annual meetings, regional conferences are scheduled at intervals.

American Association of Social Workers (1921); 130 East 22d St., New York 10; Joseph P. Anderson, Executive Secretary.

Membership: Individuals, approximately 11,200; chapters, 98.

Purpose and Activities: To provide the national working channel and local machinery for the cooperative activities of professional social workers; to encourage through its membership requirements proper and adequate basic preparation and training and to foster a homogeneous group which can develop competent social work opinion; to promote a high quality of professional service through a wide recognition of the importance of qualified personnel selection for the entire field; to formulate and seek to establish satisfactory conditions of employment and retirement of personnel, to attract competent personnel, and to enable them to work effectively; to influence social planning and legislation for modernized welfare services and improved living standards; and through its general activities to disseminate information concerning social work as a profession, to encourage and conduct appropriate investigation, and to publish material related to experience of social work practitioners and therefore of special value to the advancement of professional social work. An annual conference attended by delegates chosen by each chapter provides the chief means of formulating membership opinion on national issues. The program is carried out nationally through committees, established by the National Board of the Association, which develop professional opinion on subjects of concern to social workers. The results of committee study are submitted to the membership for approval, either at the Delegate Conference or by direct mail vote. Current problems of major concern in the social work field are studied by national committees and local chapters, and policy statements are developed and used by the National Board and chapters as a basis for action. The National Council on Social Work Education (organized in 1946 and first entitled the National Council on Education for Social Work) functions under the auspices of the Association.

Periodical: The Compass, 6 issues yearly, \$1.00 a year.

American Association of University Women (1882); 1634 Eye St., NW., Washington 6, D. C.; Dr. Kathryn McHale, General Director.

Membership: Individuals, 86,000; divisions and branches, 9 regional, 47 state, and 947 local.

Activities: The Association develops adult education programs, issues materials to assist its groups

in study and action in the fields of education, international relations, social studies, economic and legal status of women, and the arts. The program in the social studies field has emphasized consumer problems; community planning including housing, urban redevelopment, employment, and health and welfare service; labor standards, with particular reference to household employes and migrant workers; and government-industry relations. Local branches carry on varied constructive community activities, including consumer information centers, education of the public in welfare problems, cooperation in policy forming for coordination of welfare facilities, and work for housing projects and for consumer protection. During the year 1946-1947, many branches will participate in an inquiry into the community planning being done in their localities. Currently, the legislative program includes support of price control, coordination of social welfare facilities, and intelligent planning in postwar reconstruction. National, regional, and state meetings are held, most of them biennially.

Periodical: Journal of the American Association of University Women, quarterly, \$1.00 a year.

American Association of Workers for the Blind (1905); Winnetka, Ill.; Alfred Allen, Secretary General.

Membership: Individuals, 380.

Purpose and Activities: To consider and promote the education, employment, advancement, and general welfare of the blind of North America and the American dependencies through such measures and agencies as may be deemed best adapted to their needs. While the Association is a conference group meeting biennially, important work is carried on in the interim by standing and special committees.

Periodicals: "News and Views of the AAWB," a section in Outlook for the Blind and the Teachers Forum, 10 issues yearly (published by the American Foundation for the Blind); Proceedings, biennially, \$3.00 a copy.

American Bar Association (1878); 1140 North Dearborn St., Chicago 10; Olive G. Ricker, Executive Secretary.

Membership: Individuals, approximately 36,000.

Purpose and Activities: To advance the science of jurisprudence, to promote the administration of justice and uniformity of legislation and of judicial decision throughout the nation, to uphold the honor of the profession of the law, to encourage cordial intercourse among the members of the American bar, and to correlate the activities of the bar organizations of the respective states on a representative basis in the interest of the legal profession and of the public throughout the United States. Activities related to the field of social work include those

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represented by the following sections or committees: American Citizenship; Bill of Rights; Courts and Social Protection; Criminal Law; Economic Condition of the Bar; Labor, Employment, and Social Security; Legal Aid Work; and Legal Service Bureaus.

Periodical: American Bar Association Journal, monthly, \$3.00 a year.

American Camping Association, Inc. (1910); Room 1802, 343 South Dearborn St., Chicago 4; Thelma Patterson, Executive Secretary.

Membership: Individuals, 3,314. Membership is effected through 34 local and regional organizations called sections, including 2 in Canada and 1 in Hawaii.

Purpose and Activities: To further the interests and welfare of children and adults through camping as an educative, recreative, and character-developing experience, by the following means: promotion of camping generally and stimulation of its expansion; lending of administrative attention to needs and problems common to all camps; formulation and effecting of standards to permit camping to function adequately as an educational, health-developing, and joyous experience; instigation, promotion, and coordination of studies and research in all areas of camping; promotion and guiding of training courses, institutes, and conferences for the training of leadership; and publication of a periodical and permanent literature for the stimulation, enlightenment, and growth of camp leaders generally.

Periodical: The Camping Magazine, monthly, \$2.50 a year in United States, \$2.75 a year in Canada, \$3.00 a year in other countries.

American Cancer Society, Inc. (1913); name changed in 1944 from American Society for the Control of Cancer; Empire State Bldg., New York 1; Dr. A. W. Oughterson, Medical and Scientific Director.

Membership: 54 state and local branches, each represented by 2 delegate members.

Purpose and Activities: To serve the American people in the control of cancer by collecting funds and developing a program of service, education, and research on a national basis. The Society is currently engaged in a nation-wide drive to secure \$12,000,000, to be expended in a broad program of cancer research organized on a national scale.

American Chapter of the International League Against Epilepsy (1936); Illinois Neuropsychiatric Institute, Chicago 12; Dr. F. A. Gibbs, Secretary.

Membership: Individuals, 157; organizations, 1 national.

Purpose: To coordinate the activities of those doctors who are interested in the better care and treatment of epileptics, and to stimulate interest in the social and scientific aspects of the disease.

Periodical: Epilepsia, annually, \$1.00 a copy.

American Christian Committee for Refugees, Inc. (1934); name changed in 1944 from American Committee for Christian Refugees; 147 West 42d St., New York 18; Leland Rex Robinson, President.

Activities: The Committee offers advice and service to all racial, religious, political, and war refugees not served by Catholic or Jewish refugee organizations. It specializes in the following technical services: vocational guidance and retraining, migration problems, and resettlement. It acts as a referral center for other agencies qualified to meet the general social and economic needs of refugees. It cooperates with other national voluntary agencies and with governmental and intergovernmental agencies in helping to integrate the refugee in his new environment. The Committee works through regional committees in the United States and its own offices or staff representatives in France, Switzerland, and the American Zone in Germany; and serves as a channel through which relief to refugees abroad can be sent.

Periodical: Newscast, bimonthly, free.

American Civil Liberties Union (1920); 170 Fifth Ave., New York 10; Roger N. Baldwin, Director.

Membership: Individuals, approximately 7,000; organizations, 26 state and local.

Purpose and Activities: To protect freedom of speech, press, and assemblage by combating repressive legislation and the acts of officials in violation of civil liberties; to aid in defense of cases in courts; and to carry test cases to the higher courts. Among activities sponsored by the Union are the following: Lawyers' Panel, National Council on Freedom from Censorship, and Committees on Academic Freedom, Alien Civil Rights, Civil Rights in Labor Relations, Conscientious Objectors, Indian Civil Rights, International Civil Liberties, and Race Discrimination.

Periodicals: Mimeographed weekly bulletins, \$1.50 a year; mimeographed monthly bulletins, 50 cents a year; Civil Liberties Quarterly, 25 cents a year; Yearly Review, free; pamphlet service to members only.

American Committee on Maternal Welfare, Inc. (1919); 24 West Ohio St., Chicago 10; Dr. Fred L. Adair, Chairman.

Membership: Individuals, 25 representing national,

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regional, and local voluntary associations and federal agencies.

Purpose: To improve maternal welfare by stimulating the interest of the medical profession so that doctors will lead in their own communities in providing maternal care; to promote the formation of state and local committees of medical practitioners whose function shall be the development of maternal care; to educate physicians, nurses, and the laity to the need for better obstetric care both in the home and in institutions by means of printed material, movies, and other available methods; to establish and raise the standards of maternal care; and to promote the study of problems, the solution of which will lessen morbidity and mortality associated with childbearing, alleviate suffering, and improve the quality of the human race.

American Committee for Protection of Foreign Born (1931); 23 West 26th St., New York 10; Abner Green, Executive Secretary.

Membership: Individuals, 600; organizations, 20 national and 325 local.

Purpose and Activities: To encourage the naturalization of all noncitizens within the next 5 to 10 years; to maintain the present quota of 150,000 immigrants a year; to secure for alien seamen who have performed wartime service in the American merchant marine legal entry into the United States and American citizenship; to repeal all provisions in the immigration and naturalization laws that discriminate against potential immigrants or noncitizens solely because of their race, country of origin, or political opinion; and to end discrimination in employment on the ground of race, sex, color, creed, national origin, or noncitizenship by the enactment of permanent fair employment practice legislation. Pamphlets and special memoranda are issued as occasion demands.

Periodical: The Lamp, monthly, \$1.00 a year.

American Council on Education (1918); 744 Jackson Pl., NW., Washington 6, D. C.; George F. Zook, President.

Membership: 118 educational organizations and 792 colleges, universities, school systems, and state departments of education.

Activities: The organization is a council of national educational associations and organizations having related interests; approved universities, colleges, technological schools, private secondary schools, state departments of education, city school systems, and private school systems. It is a center of cooperation and coordination in American education. Through conferences and investigations it seeks to clarify educational issues of national significance, define problems, and enlist appropriate

agencies for their solution. The Council acts as a mobilizing force for the energies of the American educational system and encourages international cooperation in educational matters. Its Committee on Youth Problems is listed separately in this section of the DIRECTORY OF AGENCIES.

Periodical: The Educational Record, quarterly, \$2.00 a year.

American Council on Race Relations (1944); 32 West Randolph St., Chicago 1; Alexander A. Liveright, Executive Director.

Purpose and Activities: To help to bring about full participation of all citizens in all aspects of American life; and to assure equal rights and equal opportunities for all racial, religious, and national groups. The Council cooperates with governmental agencies and national voluntary organizations in planning and development of national programs in race relations. Working through its 3 divisions—Community Services, Information Service, and Clearing House—and its Pacific Coast regional office in San Francisco, it is concerned primarily with the discovery, development, and dissemination of effective techniques to deal with basic factors in race relations. Through Community Services, the Council cooperates with local groups and agencies to develop programs of action in housing and employment, and provides assistance to local government in police training and other official programs; through Information Service, it assists community groups with public relations programs and works through the mass communications media to increase public concern and attention to the full functioning of democracy in race relations; and through Clearing House, it serves as a center for the exchange of current information and experiences between groups and agencies operating in the field of race relations. The Council issues Report, a monthly news bulletin; a series of pamphlets and manuals on action programs for community groups; informational materials for the press and radio; and releases presenting data on the organization and activities of community groups or on examples of racial integration in any field.

Periodicals: Report, monthly, free; subscription to all Council materials including A Monthly Summary of Events and Trends in Race Relations (prepared by the Social Science Institute, Fisk University), \$5.00 a year.

American Council of Voluntary Agencies for Foreign Service, Inc. (1943); Room 701, 122 East 22d St., New York 10; Charlotte E. Owen, Executive.

Membership: Organizations, 62 national.

Purpose and Activities: To promote joint program planning and coordination of national voluntary

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agency activities in foreign relief and rehabilitation. Membership is limited to agencies of proved operating efficiency and financial stability whose purposes are neither political nor propagandistic. The Council represents its member agencies in relations with the United Nations, United Nations Relief and Rehabilitation Administration, Intergovernmental Committee on Refugees, State Department, United States Army, etc. The Council develops subdivisions in countries in which representatives of its member agencies work; develops necessary new agencies in the United States such as Cooperative for American Remittances to Europe, Inc., Council of Relief Agencies Licensed for Operations in Germany, Licensed Agencies for Relief in Asia, and Joint Procurement Mission to Europe; and makes studies such as *The Problem of the Displaced Persons*, which was published in 1946.

American Country Life Association (1919); Education Bldg., Purdue University, Lafayette, Ind.; Dr. O. F. Hall, Executive Secretary.

Purpose and Activities: To promote discussion of the problems and objectives in country life and to facilitate the means of their solution and attainment, to further the efforts and increase the efficiency of persons and agencies engaged in this field, to disseminate information calculated to promote a better understanding of country life, and to aid in rural improvement. The Association suspended general operations in 1941, but resumed the holding of a conference on a limited basis in 1943. The Association's Youth Section has continued to function; its Committee on Rural Education has discontinued operations.

American Craftsmen's Educational Council, Inc. (1943); 485 Madison Ave., New York 22; Mrs. Vanderbilt Webb, Vice President.

Membership: Individuals, 50.

Purpose and Activities: To raise the standard of the hand arts of the United States through exhibitions, a library, and other educational material. In addition the Council has sponsored the School for American Craftsmen which became part of the Liberal Arts College of Alfred University in July, 1946. The Council works in close cooperation with the American Craftsmen's Cooperative Council, a non-profit organization, formed for the purpose of marketing the products of American craftsmen.

Periodical: *Craft Horizons*, quarterly, \$2.00 a year.

American Dental Association (1859); 222 East Superior St., Chicago 11; Dr. Harry B. Pinney, Secretary.

Membership: Individuals, 61,440; constituent or-

ganizations, 58 federal, state, and territorial; component societies, 440 local.

Purpose and Activities: To improve oral and dental health services to the public by cultivating and promoting the art and science of dentistry through the following means: encouraging and providing for dental research; disseminating among the profession advanced scientific knowledge; elevating and sustaining the education of dentists in formal institutions of learning, and establishing devices that provide opportunities for continuing education after graduation; promoting in the several states the enactment and enforcement of just dental laws, designed to serve the health interests of the people; enlightening public opinion with respect to the prevention of oral diseases and the care of oral health as it relates to general health; and directing the procedures and energies of the members of the profession in the interests of public health and welfare. The Association publishes journals, reports, and treatises.

Periodicals: *Journal of the American Dental Association*, monthly (also a midmonthly edition), \$5.00 a year; *Journal of Oral Surgery*, quarterly, \$5.00 a year.

American Diabetes Association, Inc. (1940); 1019 Provident Bank Bldg., Cincinnati 2; Dr. Cecil Striker, Secretary.

Membership: Individuals, 900.

Purpose and Activities: To disseminate among physicians information relative to the diagnosis and treatment of diabetes by means of meetings, bulletins, publication of papers in scientific journals, and through a central office which will at all times make available information concerning various aspects of diabetes; to educate the laity in the early recognition of diabetes and in the realization of the importance of medical supervision; to secure and coordinate the active cooperation of associated groups in the educational and organizational phases of the Association; to make and publish statistical surveys of diabetes; to encourage and support clinical, experimental, sociological, and statistical studies by means of grants; and to encourage the adequate treatment of diabetes and the establishment of summer camps for children suffering from diabetes.

Periodical: *Proceedings*, annually.

American Education Fellowship (1918); name changed in 1944 from Progressive Education Association; 289 Fourth Ave., New York 10; Vinal H. Tibbetts, Director.

Membership: Individuals, approximately 10,000; chapters, 11.

Purpose and Activities: To seek new uses, new

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equipment, new methods, and new ideas in the profession of education. The Association is a nationwide organization serving all levels of education in public and private schools. Its classroom experiments of yesterday have become the accepted practices of today. It functions through the publication of books, special reports, and a periodical, *Progressive Education*; through the work of national committees; by organizing national and regional conferences, special meetings, summer workshops, and radio talks; by providing speakers; and by organizing and assisting local chapters for the improvement of education through community planning and action.

Periodical: *Progressive Education*, 7 issues yearly, \$3.75 a year.

American Epilepsy League, Inc. (1939); name changed in 1944 from Laymen's League Against Epilepsy; Room 405, 50 State St., Boston 9; Mrs. Brooks Potter, President.

Membership: Individuals, 3,850, including 850 supporting members.

Purpose and Activities: To spread up-to-date information about epilepsy, and to encourage more substantial public support of research investigations in this field. The League is interested in furthering ways and means of securing permanent employment for epileptics. It is a national organization with a medical advisory board. The League conducts a referral service of physicians, hospitals, clinics, and educational and training opportunities for persons with epilepsy, and in addition, is cooperating with the Veterans Administration in problems of readjustment for veterans with epilepsy. Medical reports and articles written on all phases of epilepsy are available from the League. Membership is open to all.

Periodical: *American Epilepsy League Bulletin*, quarterly, to members only.

American Eugenics Society, Inc. (1926); 1790 Broadway, New York 19; Maj. Gen. Frederick Osborn, President.

Membership: Individuals, approximately 400; organizations, approximately 200 libraries, institutes, and societies.

Purpose and Activities: To promote education and social action relating to eugenics. The Society recognizes that basically eugenics is the application of the established principles of heredity, but that practical eugenics must stress the great contribution of physical and social environment in the development of the young individual who is to make the most of his hereditary traits. Hence, the activities and interest of the Society are directed not only to problems in the field of genetic biology, but also to many problems in hygiene, psychology, sociology, human

relations, etc., which deal with the environmental factors affecting human development.

Periodical: *Eugenical News*, quarterly, \$3.00 a year.

American Federation of Arts, The (1909); Barr Bldg., Farragut Sq., Washington 6, D. C.; Thomas C. Parker, Director.

Membership: Individuals, 9,450; organizations, 437 institutions and chapters.

Purpose and Activities: To unify art interests throughout the country, to increase interest in and appreciation of art by making it available to communities remote from established art centers, and to clarify its place in everyday life. Educational activities include traveling exhibitions, illustrated lectures, the package library, and information and advisory services. Publications include: *American Art Annual* and *Who's Who in American Art* (companion volumes), color prints, monographs on artists, and miscellaneous art books.

Periodicals: *Magazine of Art*, monthly October through May, \$5.00 a year; *American Art Annual*, \$12 a copy; *Who's Who in American Art*, \$10 a copy; last 2 named published in alternate years.

American Federation of Government Employees (1932); 900 F St., NW., Washington 4, D. C.; James B. Burns, National President.

Membership: Individuals, approximately 44,000; organizations, 910 local lodges in the United States, Panama Canal Zone, Alaska, Puerto Rico, Hawaii, and British Columbia.

Purpose and Activities: To promote the general welfare of civilian governmental employes through the promotion of unity of action in all matters affecting the mutual interests of governmental civilian employes in general and for the improvement of governmental service. Included in the membership are social workers employed in governmental agencies. The Federation is affiliated with the American Federation of Labor.

Periodical: *The Government Standard*, weekly, \$2.00 a year.

American Federation of International Institutes (1934); name changed in 1944 from National Institute of Immigrant Welfare; 11 West 42d St., New York 18; Mrs. Edith Terry Bremer, Executive Director.

Membership: Individuals, 2,000; organizations, 65.

Purpose: To give service to local international institutes, citizenship councils, and Americanization committees or leagues, specializing in work for the advancement of foreign-born peoples into the American way of life; to maintain standards, to

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train workers, and to serve as a general clearinghouse on immigration and naturalization information and on methods of local service, community work, and intergroup or intercultural programs of activity; to advise on immigration cases; to present cases for appeal; to serve as liaison between the U. S. Immigration and Naturalization Service and international institutes; to develop channels for more effective service throughout the United States by agreements for central planning and mutual helpfulness with other national organizations; to promote national projects for new-arrival service, including service to displaced persons and to foreign wives and fiancées of servicemen and veterans; and to promote a better understanding of the different peoples of our "One World" throughout the United States.

American Federation of Labor (1881); American Federation of Labor Bldg., Washington 1, D. C.; William Green, President.

Membership: Individuals, 7,400,907; affiliated national and international unions, 104 (comprising approximately 39,000 local unions); departments, 4 (building and construction trades, metal trades, union label trades, and railroad employees); directly affiliated local unions, 1,234; state branches, 49; city central bodies, 768.

Purpose and Activities: To provide a coordinating agency through which trade unions may determine labor policies and practices, promote the general interests of all workers, and secure mutual support for their special problems. One of the important activities of the Federation is in the legislative field. Legislative and political interests of labor are advanced, together with the economic and social welfare of the labor movement. The Federation adheres to a nonpartisan policy, and support of a candidate is based on his record and attitude toward matters of vital concern to labor. Among the AF of L standing committees are the following: Education, Housing, International Labor Relations, Social Security, and Taxation. Its Labor League for Human Rights is listed separately in this section of the DIRECTORY OF AGENCIES.

Periodicals: Weekly News Service, furnished to labor papers; American Federationist, monthly, \$2.00 a year; Labor's Monthly Survey.

American Federation of State, County, and Municipal Employees (1936); Federation Bldg., Madison 1, Wis.; Dr. Arnold S. Zander, International President.

Membership: Individuals, 80,000; organizations, 1,017 local unions in 46 states, Alaska, Hawaii, and Canada.

Purpose and Activities: To promote efficiency in public service generally; to cooperate in giving efficient service to the respective jurisdictions; to bring local organizations of state, county, and municipal

employees into closer relationship so as to foster mutual cooperation; to extend and uphold the principle of merit and fitness in public employment and to promote civil service legislation; to establish and maintain a clearinghouse of information and a research service for affiliated locals; to foster and promote by education a new public attitude toward public administration; to advance the general, social, and economic welfare of state, county, and municipal employees; and to promote organization of workers generally and of public employees in particular. Included in the membership are social workers employed in governmental agencies. The union is affiliated with the American Federation of Labor.

Periodical: Journal of State and Local Government Employees, monthly, \$1.00 a year.

American Folk Dance Society (1916); 11 Middagh St., Brooklyn 2, N. Y.; Elizabeth Burchenal, President.

Membership: Individuals, 250, including representatives of organizations and informal groups interested in the folk dance.

Purpose and Activities: To maintain a national study and reference service for the field of folk dancing and music of the United States and of other nationalities. Activities include the following: research in and collection of folk dancing and music at its source; continuous promotion of the folk dance movement by means of institutes for training of leaders throughout the country, lectures, demonstrations, programs, festivals, etc.; assembling of Archive of American Folk Dance and other reference materials; and maintenance of a national and international information and consultation bureau. The Society has national headquarters at the Folk Arts Center, where it serves as the Division of Folk Dance and Music. Members automatically acquire membership in the Center.

American Foundation, Inc. (1925); 1122 Lincoln-Liberty Bldg., Philadelphia 7; Clarence Gardner, Secretary.

Purpose and Activities: To engage exclusively in charitable, scientific, literary, and educational activities; and to promote the welfare of mankind. The American Foundation Studies in Government has defined 10 fields of study and is pursuing active investigation in 4 of them. The first report of this research, American Medicine, Expert Testimony out of Court, was published in 1937. The Foundation maintains the Mountain Lake Sanctuary, Lake Wales, Fla., and has developed this tract for its educational and recreational opportunities.

American Foundation for the Blind, Inc. (1921); 15 West 16th St., New York 11; Robert B. Irwin, Executive Director.

Activities: The Foundation is an organization, na-

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tion-wide in scope, for the promotion of those interests of the blind which cannot be advantageously handled by local agencies. Its activities include the following: research in education, statistics, legislation, mechanical appliances, and publishing methods for the blind, including the manufacture of talking book records and reading machines; consultation service; assistance to state and community agencies in the organization of their activities, and in the promotion of legislation; special departments for service to the deaf-blind and to the war-blinded; special services to blind individuals; scholarships for a limited number of promising students; and a special lending and reference library. The Foundation conducts summer courses at various universities for home teachers and social workers with the adult blind and for teachers of blind children, including a special course for teachers of blind Negro children. The Helen Keller Committee on the Deaf-Blind acts as an advisory committee to the Foundation, functioning under it and not as a separate agency. In 1945 the American Foundation for Overseas Blind became affiliated with the Foundation.

Periodicals: Braille Book Review, monthly, free; Outlook for the Blind and the Teachers Forum, 10 issues yearly, inkprint edition \$2.00 a year, Braille edition \$1.00 a year; Talking Book Topics, quarterly, inkprint edition free to talking book readers, edition on phonograph records \$1.00 a year.

American Foundation for Mental Hygiene, Inc. (1928); 1790 Broadway, New York 19; Paul O. Komora, Secretary.

Activities: The Foundation seeks gifts and bequests in order to give financial aid, in so far as its resources permit, to research and other work which will help conserve mental health, reduce and prevent nervous and mental disorders and mental defect, and improve the care and treatment of persons suffering from such disorders.

American Friends Service Committee (Quakers) (1917); 20 South 12th St., Philadelphia 7; Clarence E. Pickett, Executive Secretary.

Activities: The Committee represents the Society of Friends in relief and social welfare services on a nonsectarian basis and without discrimination of race or nationality. Present activities include the following: child feeding and other relief projects in Austria, Finland, France, Germany, Italy, Poland, and elsewhere in Europe; medical work, drug transport, and rehabilitation in China and India; refugee aid in United States and abroad; race relations, including community services for Japanese-Americans and improvement of housing and employment for Negroes; industrial relations, includ-

ing housing projects and consultative services to management and labor; volunteer work camps for college and high school students to enable them to become acquainted with social and economic problems in the United States and Mexico; and international relations, including 300 institutes to promote study of religious and economic bases for peace and postwar reconstruction and student study groups for peace education on college campuses.

American Group Therapy Association (1943); 228 East 19th St., New York 3; Dr. Temple Burling, President.

Membership: Individuals, 140.

Purpose and Activities: To promote the interests of group therapy, and to coordinate and clarify the efforts of those interested in its practice and theory. The Association stimulates practice and research in group therapy and publishes the results found, serves as a center for exchange of experience, provides a consultation service, and formulates qualifications and facilitates training for group therapists. The membership is composed of psychiatrists, psychologists, psychiatric social workers, and group therapists.

American Hearing Society (1919); name changed in 1946 from American Society for the Hard of Hearing; 1537 35th St., NW., Washington 7, D. C.; Harry P. Wareham, Executive Vice President.

Membership: Individuals, approximately 10,000; chapters, 118.

Activities: The Society is devoted to the cause of better hearing. It provides special information service for deafened veterans, aids in the education and economic and social adjustment of the severely hard of hearing, maintains a vocational guidance service, and promotes the early discovery and correction of hearing loss in children. It encourages the use of hearing aids and the study of lip reading, stimulates scientific efforts in prevention of deafness and conservation of hearing, and promotes the organization and efficient operation of local societies.

Periodical: Hearing News, monthly, \$2.00 a year.

American Heart Association, Inc. (1922); 1790 Broadway, New York 19; Dr. H. M. Marvin, Chairman of Executive Committee and Acting Executive Secretary.

Membership: Individuals, 2,550; organizations, 1 national, 9 state, and 7 local.

Purpose and Activities: To gather facts relating to heart disease and disseminate information as to its prevention and care; to develop and apply measures which will prevent heart disease; to encourage and assist in the development of new centers for cardiac

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work; to coordinate the work of centers for the prevention and care of heart disease; and to arouse the public, through publicity, to its responsibility and opportunity to combat heart disease. A central office is maintained as a clearinghouse for the work of the various local and state heart associations and committees; information on all phases of heart disease is gathered; pamphlets and leaflets on social, economic, and medical aspects of the cardiac problems are published and distributed to all interested physicians and lay persons; and educational material is provided for meetings and exhibits. In 1944 the American Council on Rheumatic Fever, consisting of representatives of all national, medical, nursing, and public health associations concerned with rheumatic fever, was set up as an integral part of the Association. Its activities include aid to local communities in the organization of rheumatic fever programs; sponsorship or research; promotion of lay education; and recommendations concerning the professional education of physicians, nurses, medical social workers, and teachers.

Periodicals: American Heart Journal, monthly; Modern Concepts of Cardiovascular Disease, monthly; \$11 a year for both.

American Home Economics Association (1908); 620 Mills Bldg., Washington 6, D. C.; Lelia Massey, Executive Secretary.

Membership: Individuals, 16,611 received through 50 state and territorial associations; affiliated college home economics clubs, 340.

Purpose and Activities: To develop and promote standards of home and family life that will best further individual and social welfare, especially by the following means: the study of problems connected with the family and the institutional household, improving and extending home economics instruction in schools and colleges and in adult education programs, improving professional education for all home economists, encouraging and aiding investigation and research in problems of home economics, issuing publications and holding meetings through which there may be wider and better understanding of the value of home economics, and endeavoring to secure legislation for the advancement of family welfare and home economics interests. The Association has 9 departments, one of which is Social Welfare and Public Health.

Periodicals: Journal of Home Economics, monthly except July and August, \$3.00 a year; Consumer Education Service (series of newsletters and miscellaneous publications), issued September through May, \$1.50 a year; Colhecon (college student club magazine), 4 issues yearly, \$1.00 a year.

American Hospital Association (1899); 18 East Division St., Chicago 10; George Bugbee, Executive Director.

Membership: Individuals, 2,445; institutions, 3,412; organizations, 130.

Purpose and Activities: To promote the welfare of the people through the development of the highest standards in hospital service. To achieve this aim in the American tradition of voluntary efforts the Association encourages scientific research; aids in the health education of the public; actively assists allied organizations in developing health programs; and acts as a medium for the exchange and dissemination of facts, information, and material. Councils and committees of the Association most closely related to social work include those concerned with the following subjects: outpatient departments, medical social service, tuberculosis, care of mental patients, public health relations, workmen's compensation, veterans' relations, and costs of medical care. The Association maintains the Bacon Library containing the foremost collection of books, publications, and literature on hospital administration and operation.

Periodicals: Hospitals, monthly, \$3.00 a year, \$2.00 to members; American Hospital Directory, annually, \$10 a copy to public health organizations, \$25 a copy to qualified commercial firms.

American Humane Association (1877); 135 Washington Ave., Albany 6; Robert F. Selar, President.

Membership: Individuals, 6,900; organizations, 185.

Purpose and Activities: To promote work for the protection of children and animals throughout the United States. The Association is the national mouthpiece of the humane cause, undertaking work of a national character, coordinating existing local units, developing additional ones, promoting needful legislation, and publishing a magazine and other literature. At its annual convention in 1939 the Association adopted standards in the field of child protection consistent with those of the most progressive societies working in this field, including the principle that animal protection and child protection are two distinct functions and should be performed by separate staffs of competent personnel.

Periodical: National Humane Review, monthly, \$1.00 a year.

American Industrial Hygiene Association (1939); Bethlehem Steel Co., Bethlehem; Allen D. Brandt, Secretary.

Membership: Individuals, 400; organizations, 9 local sections.

Purpose and Activities: To increase the knowledge of industrial hygiene through interchange and dissemination of information; to promote the study and control of environmental factors affecting the health and well-being of industrial workers; to correlate such activities as are conducted by individuals

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and agencies throughout industrial, educational, and governmental groups; and to bring together persons interested in the various phases of industrial hygiene. Annual meetings are held. Technical papers of the Association are published in the *Journal of Industrial Hygiene and Toxicology*.

Periodical: American Industrial Hygiene Association Quarterly, \$2.00 a year in United States, \$2.50 a year in Canada, \$3.00 a year in other countries.

American Institute of Park Executives (1898); P. O. Box 422, Rockford, Ill.; Dave Hovey, Executive Secretary.

Membership: Individuals, approximately 700 executives of public parks and recreation systems.

Purpose: To disseminate information in regard to public parks and recreation activities, and to promote larger facilities for use of leisure time.

Periodical: Parks & Recreation, bimonthly, \$5.00 a year.

American Institute of Planners (1917); 77 Massachusetts Ave., Cambridge 39, Mass.; Draveaux Bender, Executive Secretary.

Membership: Individuals, 250.

Purpose: To study and advance the science and art of city and regional planning; to facilitate the exchange of experience among members; to encourage original research; and to make more general the application of planning principles in city, regional, state, and national development.

Periodical: Journal of the American Institute of Planners, quarterly, \$3.00 a year.

American Jewish Joint Distribution Committee, Inc. (1914); 270 Madison Ave., New York 16; Dr. Joseph C. Hyman, Executive Vice Chairman.

Activities: The Committee provides aid to relieve distressed Jews in nearly 50 countries throughout the world. Funds received from Jewish communities in the United States and other countries are used to lessen the tragic plight of the nearly 1,500,000 survivors in Europe and to aid needy Jews in Shanghai, South and Central America, and other lands. The Committee's activities include the supplying of food, clothing, shelter, medical aid, child care, cultural assistance, vocational training, economic rehabilitation, aid in emigration, and many other types of assistance. Nearly 200 representatives are stationed overseas to supervise this program. Large-scale supplies purchased in the United States and many other countries are shipped throughout the world. Information bulletins and special reports of activities are issued periodically. The Committee's 1946 budget was over \$58,000,000, the largest in its history.

American Jewish Labor Council (1946); 22 East 17th St., New York 3; Max Steinberg, Secretary-Treasurer.

Membership: Organizations, 10 national trade unions, 23 central regional bodies, and 1,100 local unions.

Purpose and Activities: To represent affiliated trade unions on affairs concerning the Jewish people. Activities include combating the evil of anti-Semitism in the United States and throughout the world, and also assisting needy Jewish people overseas.

American Labor Education Service, Inc. (1926); 1776 Broadway, New York 19; Eleanor G. Coit, Director.

Membership: Individuals interested in workers' education, local labor education projects, unions, resident schools, workers' education committees, community organizations, and other workers' groups and classes concerned with the problem of workers' education.

Purpose and Activities: To conduct labor education services giving assistance to workers' education projects throughout the country, and to act as a clearinghouse for its member groups. A conference of teachers and leaders is held under its auspices each year. The organization conducts an active advisory service giving suggestions on bibliographies, study outlines, and methods of teaching; organizes conferences and classes and conducts seminars for teachers of workers' groups; maintains an information service on workers' education for use by other organizations and students of this movement; and by means of its publications, in the shape of pamphlets, lists, and its magazine, supplies fresh information to the field in a form particularly useful to workers. The organization is a central agency in the field of workers' education. It is currently stressing educational work which relates to such important postwar problems as race discrimination, full employment, and labor's functions in the community; also the study of new resources for workers' education through federal support and university sponsorship.

Periodical: Labor Education Guide, 3 issues yearly, 50 cents a year.

American Law Institute (1923); 3400 Chestnut St., Philadelphia 4; Dr. William Draper Lewis, Director.

Membership: Individuals, approximately 850 elected life members and 250 ex officio members.

Purpose and Activities: To promote the clarification and simplification of the law and its better adaptation to social needs, to secure the better administration of justice, and to encourage and carry on scholarly and scientific legal work. The Institute

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is composed of judges, lawyers and law school teachers, officers of the American Bar Association, deans of recognized law schools, presidents of state bar associations, and representatives of learned legal societies and of the uniform law commissioners. Among its activities is the drafting of authorized legal statements and model acts. Two documents published by the Institute are of great interest to social workers, namely: Youth Correction Authority Act and Youth Court Act.

Periodical: Annual Proceedings, at cost.

American Legion, The (1919); 777 North Meridian St., Indianapolis 6; Donald G. Glascoff, National Adjutant.

Membership: Individuals, 3,060,397; organizations, 1 national, 58 department, and 14,726 local posts.

Purpose and Activities: To uphold and defend the Constitution; to maintain law and order; to foster and perpetuate a 100 per cent Americanism; to preserve the memories and incidents of wartime associations; to inculcate a sense of individual obligation to the community, state, and nation; to combat the autocracy of both the classes and the masses; to make right the master of might; to promote peace and goodwill on earth; to safeguard and transmit to posterity the principles of justice, freedom, and democracy; and to consecrate and sanctify comradeship by devotion to mutual helpfulness. Activities include the following fields of interest: Americanism, child welfare, civil service preference for veterans, community service, employment of veterans, expansion and stabilization, junior baseball, legislation in behalf of veterans and their dependents, national defense, public relations, rehabilitation of veterans and their dependents, and youth activities. Its National Child Welfare Division and National Rehabilitation Committee are listed separately in this section of the **DIRECTORY OF AGENCIES**.

Periodicals: National Legionnaire, semimonthly, 20 cents a year; American Legion Magazine, monthly, \$1.25 a year.

American Library Association (1876); 50 East Huron St., Chicago 11; Carl H. Milam, Executive Secretary.

Membership: Individuals and institutions, approximately 15,000.

Purpose: To assist in making books a vital, working, educational force in American life; to make libraries easily accessible to all the people; to raise professional standards; and to publish books, periodicals, and pamphlets which will aid trustees and librarians in rendering library service.

Periodicals: Booklist, semimonthly, \$3.00 a year;

A.L.A. Bulletin, monthly, to members only; *College and Research Libraries*, quarterly, \$3.00 a year; *Hospital Book Guide*, quarterly, \$1.00 a year; *Subscription Books Bulletin*, quarterly, \$2.00 a year.

American Management Association, Inc. (1923); 330 West 42d St., New York 18; Alvin E. Dodd, President.

Membership: Individuals and companies, 9,100.

Purpose and Activities: To make the management experience of each member available to all the others through periodic conferences, publications, and research. The organization is composed of executives from all industries who exchange experience and constructive criticism on methods in the various fields of management-personnel and industrial relations, marketing, insurance, finance, office management, and production and packaging. The Association is a nonprofit organization. Each of its 7 divisions holds one or more conferences annually. Research reports are published.

Periodicals: *Management News*, monthly; *The Management Review*, monthly; *Personnel*, bi-monthly; *Divisional Conference Proceedings*, periodically. Publications restricted to members until 6 months after issue.

American Medical Association (1847); 535 North Dearborn St., Chicago 10; Dr. George F. Lull, Secretary and General Manager.

Membership: Individuals, 127,956; organizations, 54.

Purpose and Activities: To promote the science and art of medicine, and to aid in the betterment of public health. Activities related to social work include those represented by the Association's Bureau of Health Education, Bureau of Investigation (dealing especially with fraud and quackery in medicine), Bureau of Legal Medicine and Legislation, Bureau of Medical Economics, Council on Foods and Nutrition, Council on Medical Education and Hospitals, Council on Medical Service and Public Relations, and Section on Preventive and Industrial Medicine and Public Health.

Periodicals: *Journal of the American Medical Association*, weekly, \$8.00 a year; 9 scientific monthly periodicals, each one dealing with a special field of medicine; *Hygeia* (a lay journal), monthly, \$2.50 a year; *Quarterly Cumulative Index Medicus*, \$12 a year.

American Missionary Association (1846); 287 Fourth Ave., New York 10; Fred L. Brownlee, General Secretary.

Membership: Individuals, 1,500 (delegates to the General Council of the Congregational Christian Churches).

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Purpose and Activities: To help eliminate from American life the "sins of caste," particularly with reference to the segregation of Negro-Americans. To this end the Association, which was formed as the consolidation of a number of early abolition societies in America, maintains schools and colleges in the South for Negroes, and includes a Department of Race Relations which deals directly with racial problems throughout the United States. The Association publishes special leaflets at frequent intervals, and occasional books. The Association retains its corporate identity, although it now functions as a division of the Board of Home Missions of the Congregational Christian Churches.

American Museum of Health, Inc.
(1937); 1790 Broadway, New York 19; Homer N. Calver, Secretary.

Purpose and Activities: To maintain a museum of health in the city of New York; to encourage the establishment of similar museums throughout the nation; and to provide an educational force for the dissemination of present-day scientific knowledge relating to the prevention of disease, the promotion of health, and the conservation of life. Pending its reopening to the public the Museum, closed during the war years, serves as a center of information on health education and exhibits.

American National Red Cross (1881); 17th and D Sts., Washington 13, D. C.; Basil O'Connor, Chairman.

Membership: Individuals, 36,645,333 senior and 19,905,400 junior members; chapters, 3,754; branches, 5,578.

Purpose and Activities: To furnish volunteer aid to the sick and wounded of armies in time of war; to act in matters of voluntary relief and in accord with the military and naval authorities as a medium of communication between the people of the United States of America and their Army and Navy; to act in such matters between similar national societies of other governments and the government and the people and the Army and Navy of the United States; to continue and carry on a system of national and international relief in time of peace; and to mitigate the sufferings caused by pestilence, famine, fire, floods, and other national calamities, and to devise and carry on measures for preventing such suffering. The program of the Red Cross consists of the following: American Junior Red Cross; Blood Donor Service; Civilian Relief; College Units; Disaster Preparedness and Relief; First Aid, Water Safety and Accident Prevention; Nursing Services; Nutrition Service; Services to the Armed Forces; Services to Veterans; and Volunteer Special Services.

Periodicals: Junior Red Cross Journal, monthly, \$1.00 a year; Junior Red Cross News, monthly, 50

cents a year; Red Cross Courier, monthly, \$1.00 a year.

American Nurses' Association, Inc.
(1896); 1790 Broadway, New York 19; Ella Best, R.N., Executive Secretary.

Membership: Individuals, approximately 181,000; organizations, 52, including 48 state associations.

Purpose and Activities: To promote the professional and educational advancement of nurses in every proper way; to elevate the standard of nursing education; to establish and maintain a code of ethics among nurses; to distribute relief among such nurses as may become ill, disabled, or destitute; to disseminate information on the subject of nursing by publications in official periodicals or otherwise; and to bring into communication with each other various nurses and associations and federations of nurses throughout the United States. The Association's Department of Education, the National League of Nursing Education, is listed separately in this section of the **DIRECTORY OF AGENCIES**. In 1945 the Association's Professional Counseling and Placement Service, Inc., was organized for counseling and placement of nurses and auxiliary workers and for better distribution of nursing service. The Chicago branch office has assumed responsibility for functions formerly discharged by Nurse Placement Service.

Periodicals: American Journal of Nursing, monthly, \$3.00 a year; Bulletin, occasional issues, free; Biennial Proceedings, price varies.

American Occupational Therapy Association (1917); 33 West 42d St., New York 18; Mrs. Meta R. Cobb, Executive Secretary.

Membership: Individuals, approximately 1,200.

Purpose and Activities: To maintain the standards of education and training of occupational therapists, to maintain a national register of qualified therapists, to diffuse authoritative information relative to the aims and methods employed in occupational treatment, to further its use with the sick and disabled, and to stimulate scientific research in the field. Activities include the following: the supplying of information regarding training centers; advice relative to hospitals willing to receive students for specialized practice training; advice in connection with organization or other problems; surveys and recommendations in particular fields, on request; and the maintenance of a placement service for trained therapists to protect hospitals from employing persons not trained or qualified as professional therapists.

Periodical: Occupational Therapy and Rehabilitation, bimonthly, \$5.00 a year.

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American ORT Federation (1924); 212 Fifth Ave., New York 10; Aaron B. Tart, Executive Vice Chairman.

Membership: Individuals, 15,000; organizations, 25 national and 300 local.

Purpose and Activities: To promote vocational training among the Jews, to industrialize unskilled masses of Jews, and to further the creation of agriculturists and agronomists among the Jews. To achieve these objectives, the ORT (Organization for Rehabilitation through Training) has founded technical schools, workshops, cooperatives, and model shops and farms, and has supplied them with implements and raw materials. It has also established employment bureaus and exchanges to facilitate the placing of ORT trainees. Work is carried on in foreign countries as well as in the United States. Many refugees have been helped to become absorbed in the economic life of their adopted countries.

Periodical: ORT Economic Review, quarterly, \$2.00 a year.

American Orthopsychiatric Association, Inc. (1924); 1790 Broadway, New York 19; Dr. Nina Ridenour, Secretary.

Membership: Individuals, 590.

Purpose: To unite and provide a common meeting ground for those engaged in the study and treatment of problems of human behavior; and to foster research and spread information concerning scientific work in the field of human behavior, including all forms of abnormal behavior.

Periodical: American Journal of Orthopsychiatry, quarterly, \$6.00 a year.

American Parole Association (1931); P. O. Box 1107, Tallahassee; Francis R. Bridges, Jr., Secretary.

Membership: Individuals, approximately 300 state and county officials and interested individuals. Voting membership restricted to membership in American Prison Association.

Purpose: To improve parole service and legislation referring to it, to interpret parole to the public, to act as a clearinghouse for information and advice as to new and improved processes in parole, to hold national and regional conferences, and to assist various state jurisdictions in working out parole programs.

American Planning and Civic Association (1935); 901 Union Trust Bldg., Washington 5, D. C.; Harlean James, Executive Secretary.

Membership: Individuals, approximately 1,500.

Purpose and Activities: To educate the American

people to an understanding and appreciation of local, state, regional, and national planning for the best use of urban and rural land, and of water and other natural resources; and to promote the safeguarding and planned use of local and national parks, the conservation of natural scenery, the advancement of higher ideals of civic life and beauty in America and the improvement of living conditions, and the fostering of wider educational facilities in schools and colleges along these lines. The Association holds an annual citizens' conference on planning.

Periodicals: Planning and Civic Comment, quarterly; American Planning and Civic Annual; to members only.

American Political Science Association (1903); 1822 Sheridan Rd., Evanston, Ill.; Dr. Kenneth Colegrove, Secretary-Treasurer.

Membership: Individuals, 3,650; organizations, 1 national.

Purpose and Activities: To encourage the study of political science, including political theory, government and politics, public law, public administration, and international relations. The Association as such does not assume a partisan position upon any question of practical politics, nor commit its members to any position thereupon.

Periodical: American Political Science Review, 6 issues yearly, \$5.00 a year.

American Printing House for the Blind, Inc. (1858); 1839 Frankfort Ave., Louisville 6; A. C. Ellis, Superintendent.

Purpose and Activities: To provide literature and appliances for the blind on a nonprofit basis. Embossed books, talking book records, and tangible apparatus for educational purposes are provided through a federal appropriation and are distributed on a per capita basis to all of the free public educational institutions for the blind throughout the United States and its territories. Books and periodicals — both Braille and talking book — are manufactured at cost for organizations which provide free literature for the blind. Inquiry and research in the specific problems relating to the selection and preparation of literature and appliances for the blind and near-blind are conducted. Departments are maintained for the embossing and printing of Braille books and magazines, the recording and pressing of talking book records, and the manufacture of special appliances for the use of the blind.

Periodicals: Current Events, Braille edition, \$4.75 a year; Every Week, Braille edition, \$7.50 a year; My Weekly Readers Nos. 3, 4, and 5, Braille editions, \$3.30, \$4.40, and \$3.00 a year, respectively; Our Times, Braille edition, \$7.50 a year; all 6 periodicals published weekly during the school year;

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Reader's Digest, monthly, Braille edition free upon application, talking book edition sent to libraries for the blind only.

American Prison Association (1870); 135
East 15th St., New York 3; E. R. Cass, General Secretary.

Membership: Individuals, 1,000.

Purpose and Activities: To study the causes and treatment of crime; and to promote the improvement of laws in relation to public offenses and offenders, the improvement of penal, correctional, and reformatory institutions, and the development and improvement of methods relating to probation, parole, and the after-care of released prisoners. The Association has the following committees: Classification and Case Work, Cooperation with Related Organizations, Crime Prevention, Education, Employment of Prisoners, Institution Libraries, Personnel Standards and Training, Surplus War Supplies, and Women's Institutions. The following are allied groups: American Parole Association, Medical Correctional Association, National Chaplains' Association, National Conference of Juvenile Agencies, National Jail Association, National Prisoners' Aid Association, National Probation Association, Penal Industries Association, and Wardens' Association.

Periodicals: The Prison World, bimonthly, \$2.00 a year (published in cooperation with the National Jail Association); Congress Bulletin, annually, free; Annual Proceedings, \$3.00 a copy; Directory of State and National Correctional Institutions of the United States and Canada, annually, \$1.00 a copy.

American Protestant Hospital Association (1920); Station A, Drawer 7, Evansville 11, Ind.; Albert G. Hahn, Executive Secretary.

Membership: Individuals, 175; institutions, 300.

Purpose and Activities: To associate all hospitals affiliated with Protestant churches for the sake of reaching the highest standards and securing adequate (but not duplicate) covering of the field of hospital endeavor, to study the entire field occupied by Protestant hospitals, to recruit student nurses for schools of proper standards, to encourage schools of nursing to train their students in strong Christian spirit, to secure church and public assistance for Protestant hospitals, and to bring hospital aid to the neglected poor and to those living in remote places. The Association cooperates with the Federal Council of the Churches of Christ in America in the study of religious work in the hospital, with particular emphasis on the work of the chaplain.

Periodicals: Association Bulletin, bimonthly, free; Convention Program, annually, free.

American Psychiatric Association (1844);
9 Rockefeller Plaza, New York 20; Austin M. Davies, Executive Assistant.

Membership: Individuals, 4,026.

Purpose: To further the study of subjects pertaining to the nature, treatment, and prevention of mental disorders; to further the interests, maintenance, and advancement of standards of hospitals for mental disorders, of outpatient clinics, and of all other agencies concerned with the social and legal aspects of these disorders; and to further psychiatric education and research.

Periodical: American Journal of Psychiatry, bimonthly, \$6.00 a year.

American Public Health Association (1872); 1790 Broadway, New York 19; Dr. Reginald M. Atwater, Executive Secretary.

Membership: Individuals, 9,957; organizations, 61; regional branches, 2.

Purpose and Activities: To protect and promote public health by the following means: a monthly journal; an annual meeting; the conduct of surveys and an information service; and studies and reports of over 100 volunteer technical committees which are concerned with problems of public health administration, research, education, and standardization. The Association has the following sections: Dental Health, Engineering, Epidemiology, Food and Nutrition, Health Officers, Industrial Hygiene, Laboratory, Maternal and Child Health, Public Health Education, Public Health Nursing, School Health, and Vital Statistics.

Periodical: American Journal of Public Health, monthly, \$5.00 a year.

American Public Welfare Association (1930); 1313 East 60th St., Chicago 37; Howard L. Russell, Director.

Membership: Individuals, approximately 3,000; organizations, 130.

Activities: The Association assists in the development and maintenance of sound principles and effective administration of public welfare services; provides technical, consultant, and advisory services to legislative and administrative authorities and to public welfare officials; acts as a clearinghouse for exchange of thought and experience in the public welfare field; and promotes the development of methods of training public welfare personnel. In all of these activities the Association cooperates with federal agencies and with national organizations in the public and private welfare field. The National Council of State Public Assistance and Welfare Administrators and the National Council of Local Public Welfare Administrators are organized within the Association. Membership in these groups is

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open only to members of the Association who are eligible because of their administrative responsibility for welfare or assistance programs in a state or locality. The groups take no separate action and refer resolutions, etc., through the Association's Executive Committee. These Councils meet annually. A program of regional conferences for the full Association membership supplements the Round Table Conference held each year in December.

Periodicals: Letter to Members, monthly; Public Welfare, monthly, \$5.00 a year.

American Recreation Society (1938); name changed in 1946 from Society of Recreation Workers of America; Council of Social Agencies, Washington, D. C.; Wayne C. Sommer, Secretary.

Membership: Individuals, 1,045; organizations, 23 state and local.

Purpose and Activities: To unite in one organization all recreation workers in America. The Society acts as an agency for representing workers where group representation is desired. District and national conferences are held for discussion of professional problems. The Society has committees on training, professional ethics, research and study, the stimulation of writing in the field of recreation, and postwar planning. It is affiliated with the National Recreation Association.

Periodical: Quarterly Bulletins.

American Rehabilitation Committee, Inc. (1922); 28 East 21st St., New York 10; Mrs. Grace M. Heagen, Executive Secretary.

Membership: Individuals, 29; organizations, 1 local.

Purpose and Activities: To promote the determination of employability and the rendering employable of the physically disabled and mentally ill. The Committee is a national organization for the dissemination of knowledge in regard to the physical and mental rehabilitation of the crippled, as well as knowledge of allied subjects. It operates the Rehabilitation Clinic for the Disabled, a rehabilitation workshop which provides the following: work try-outs—evaluation of physical limitations and vocational possibilities and the discovery of interest and aptitudes by participation in appropriate work activity; reconditioning—restoration of physical capacity and mental stability by examination and work therapy; and training—development and establishment of work confidence, habits, and skills in the determined-upon rehabilitation employment.

American School Health Association (1927); Kent State University, Kent, Ohio; Dr. A. O. DeWeese, Secretary-Treasurer.

Membership: Individuals, approximately 1,500

school physicians, dentists, nurses, nutritionists, and health educators.

Purpose and Activities: To promote comprehensive and constructive school health programs, including the teaching of health, health services, and healthful school living. The Association is active in promoting higher standards for the professions concerned, and is striving constantly to improve and promote school health work in teacher-training institutions. It is a collective medium for improving the standards of school health. The Association maintains a cooperative informational service for its members. The journal which it publishes is devoted exclusively to the promotion and extension of comprehensive and constructive school health programs.

Periodical: Journal of School Health, monthly except July and August, \$1.75 a year.

American Seamen's Friend Society, Inc. (1828); 175 Fifth Ave., New York 10; R. H. Lee-Martin, Executive Director.

Activities: The Society maintains 2 libraries for seamen in the Port of New York, places Libraries for Modern American Mariners and magazines for the use of the crew on board ships in the Port of New York, promotes adult education for merchant seamen by furnishing and maintaining technical libraries available to seamen in various ports throughout the country, cooperates in and supplements work for seamen both locally and on a national basis, provides hospital after-care for merchant seamen, and maintains a free information service for merchant seamen and their friends.

American Social Hygiene Association, Inc. (1914); 1790 Broadway, New York 19; Dr. Walter Clarke, Executive Director.

Membership: Individuals, approximately 15,000; organizations, 195.

Purpose and Activities: To inform the public about the national program and needed community action; to combat syphilis and gonorrhea as dangerous communicable diseases; to prevent the loss of manpower due to venereal disease; to fight prostitution as an organized business; to improve community conditions which lead to sex delinquency among young people; to promote, from childhood on, sound sex education and training for marriage and parenthood; and by all these means to protect and improve the American family as a basic social institution. The Association promotes legal and protective activities to enforce laws against prostitution and to prevent delinquency; educational activities to instruct the population about syphilis and gonorrhea; medical activities to provide in cases of exposure early disinfection, and in cases of infection early discovery and adequate medical aid; and community activities to organize and maintain citizen

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interest and cooperation. Important continuing projects are National Social Hygiene Day; distribution of books, pamphlets, exhibits, films, periodicals, and other materials; and special services for establishing educational and control programs in industry. Divisional offices function in Chicago, San Francisco, and Washington, D. C.

Periodicals: Journal of Social Hygiene, monthly except July, August, and September, \$3.00 a year; Social Hygiene News, monthly.

American Society of Planning Officials (1934); 1313 East 60th St., Chicago 37; Walter H. Blucher, Executive Director.

Membership: Individuals, 1,300.

Purpose and Activities: To promote efficiency of public administration in land and community planning through the association of officials engaged in the making or administration of national, state, regional, or local plans, by exchanging information, improving administrative standards and practices, engaging in research, publishing the results of studies, cooperating and collaborating with other governmental and voluntary agencies and associations, and in all proper ways furthering the usefulness of governmental agencies in the field. The Society serves as a clearinghouse for planning information; publishes and distributes bulletins on special matters as events occur; arranges regional or sectional planning meetings; aids in perfecting legislation for state planning, regional planning, local planning, rural and local zoning, etc.; and assists in the establishment of official planning agencies.

Periodicals: News Letter, monthly; Proceedings of Annual Planning Meeting, price varies.

American Society for Public Administration, Inc. (1939); 1313 East 60th St., Chicago 37; Mrs. Hazel Jackson, Secretary-Treasurer.

Membership: Individuals, 2,675; chapters, 15.

Purpose and Activities: To facilitate the exchange of knowledge and the results of experience among persons interested or engaged in the field of public administration; to encourage the collection, compilation, and dissemination of information on matters relating to public administration; and to advance generally the science, processes, and art of public administration through continuous consideration of problems and the discussion of policies and practices involved in the management of public services. The major activities of the Society are the conduct of an annual meeting; the encouragement and recognition of local, state, or regional chapters; and the publication of a quarterly journal.

Periodical: Public Administration Review, quarterly, \$5.00 a year.

American Sociological Society (1905); Room 3059, U.S. Department of Agriculture, Washington 25, D. C.; Conrad Taeuber, Secretary-Treasurer.

Membership: Individuals, 1,450.

Purpose and Activities: To promote a basic, scientific, sociological study of society and its problems. An annual census of sociological research in progress is conducted, and an annual meeting held for the presentation and discussion of research methods and findings. The Society's program includes the following fields of interest: community and ecology, criminology, the family, political sociology, population, social psychology, social research, social theory, and sociometry.

Periodical: The American Sociological Review, bi-monthly, \$4.00 a year, \$3.00 a year to libraries.

American Speech Correction Association (1925); Indiana State Teachers College, Terre Haute; D. W. Morris, Secretary-Treasurer.

Membership: Individuals, 758.

Purpose: To stimulate more intelligent interest in problems of speech correction; to raise standards among workers in speech correction; to secure public recognition of the practice of speech correction as an organized profession; to furnish the profession with responsible and authoritative leadership; to make leadership respected by means of scholarly research, publicity, and administrative skill; and to make membership a coveted honor and recognition of merit.

Periodical: The Journal of Speech Disorders, quarterly, \$3.00 a year.

American Statistical Association (1839); 1603 K St., NW., Washington 6, D. C.; Lester S. Kellogg, Secretary-Treasurer.

Membership: Individuals, 4,000; chapters, 24 state and urban.

Purpose and Activities: To promote the development of statistical science and the improvement of statistical data. The organization is composed of statisticians and other persons interested in statistics. It has committees on Census Enumeration Areas, Occupational Classification, Relief Statistics, Sampling, and an Advisory Committee on the Census. The annual meeting is held during the last week of December.

Periodicals: Biometrics Bulletin, 6 issues yearly, \$2.00 a year; Journal of the American Statistical Association, quarterly, \$6.00 a year; American Statistical Association Bulletin, 4 issues yearly, \$1.00 a year.

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American Student Health Association (1920); Ohio Wesleyan University, Delaware, Ohio; Dr. George Blydenberg, Secretary-Treasurer.

Membership: 190 colleges and universities, each represented by its institutional physician or health officer.

Purpose and Activities: To act as a clearinghouse for the promotion of student health services, and to increase physical and mental health among students. The Association has a Committee on Tuberculosis.

Periodical: Proceedings, annually.

American Veterans Committee (1943); 1860 Broadway, New York 23; Edward J. McHale, Executive Secretary.

Membership: Individuals, approximately 75,000; organizations, 8 regional and 731 local.

Purpose: To promote the following aims: adequate financial, medical, vocational, and educational assistance for every veteran; a job for every veteran, under a system of private enterprise in which business, labor, agriculture, and government work together to provide full employment and full production for the nation; thorough social and economic security; free speech, press, worship, assembly, and ballot; disarmament of Germany and Japan and the elimination of the power of their militarist classes; active participation of the United States in the United Nations to stop any threat of aggression and to promote social and economic measures which will remove the causes of war; and establishment of an international veterans' council for the furtherance of world peace and justice among the peoples of all nations. Membership is open to American men and women, regardless of race, creed, or color, who are serving with or have been honorably discharged from the United States armed forces, merchant marine, or allied forces.

Periodical: AVC Bulletin, biweekly, to members only.

American Veterans of World War II (1944); 1507 M St., NW., Washington 5, D. C.; Jack W. Hardy, National Commander.

Membership: Individuals, approximately 70,000; posts, 740 in 44 states.

Purpose and Activities: To continue in association the veterans of the armed forces of World War II for the purpose of continuing comradeship, to act cooperatively for the care of the disabled and dependents, and to uphold the high principles upon which this nation was founded. AMVETS believes that the veterans of this war are entitled to a great veterans' organization of their own, through which they can aid their fellow citizens to develop home communities, build the states, sustain the nation,

and help all right-thinking and well-intentioned peoples throughout the world to obtain the blessings which kind providence provides for all men.

Periodical: National AMVET, monthly, \$1.50 a year.

American Vocational Association, Inc. (1925); 1010 Vermont Ave., Washington 5, D. C.; L. H. Dennis, Executive Secretary.

Membership: Individuals, approximately 20,000; organizations, 65.

Purpose and Activities: To assume and maintain active national leadership in the promotion of vocational and practical arts and educational and vocational guidance, to render service to state or local communities in promoting vocational education, to provide a national forum for the discussion of questions involved, and to unite vocational education interests through a membership representative of the entire country. Since the cessation of hostilities the Association has given assistance to programs for returning service men and women and demobilized war workers.

Periodical: American Vocational Journal, monthly except July and August.

American Women's Voluntary Services, Inc. (1940); 345 Madison Ave., New York 17; Mrs. Ogden L. Mills, President.

Membership: Individuals, 18,750; units and extensions, 171 in 26 states, Alaska, and the District of Columbia.

Purpose and Activities: To offer an opportunity for every woman to serve her country and her community loyally and efficiently without regard to creed, color, or age. The organization supplements but does not duplicate the work of other recognized civic and social agencies. It is nonpolitical and nonpartisan. It recruits, mobilizes, and trains women for all types of community service and places them where they may be of maximum assistance to give service to recognized local agencies. Its services include the following: motor transportation for veterans and disabled civilians and children; work in veterans and civilian hospitals; staffing and maintenance of child care centers and information centers; provision of room registries for veterans and, in some communities, actual housing; workshops where old clothes are reconditioned and new clothes are made for local welfare agencies and for overseas relief; provision of clothing for servicemen and their families; a youth program, with a junior auxiliary; organization and maintenance of teen-age clubs; and collection of books and records for hospitals and children's institutions.

Periodical: The National Bulletin, bimonthly.

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American Youth Hostels, Inc. (1935); 87 Main St., Northfield, Mass.; Isabel and Monroe Smith, National Directors.

Membership: Individuals, approximately 15,000; organizations, 253 local.

Purpose and Activities: To help all, especially young people, to a greater knowledge, understanding, and love of the world by providing for them youth hostels (inexpensive overnight accommodations), bicycle trails, and footpaths in America, and by assisting them in their travels in this country. Youth hostels have been developed in the following regions: New England; New York, Pennsylvania, Virginia, West Virginia; Alabama, Georgia, Kentucky, Maryland, North Carolina, Tennessee; Illinois, Michigan, Ohio, Wisconsin; Iowa, Missouri; Colorado, New Mexico; Oregon, Washington; and northern and southern California.

Periodical: AYH Knapsack, quarterly, \$1.00 a year, including Handbook edition.

Anderson—M. D. Anderson Foundation (1936); 524 First National Bank Bldg., Houston 2; W. B. Bates, John H. Freeman, and H. M. Wilkins, Trustees.

Purpose and Activities: To improve working conditions among workers generally, as well as among particular classes of unskilled, skilled, and agricultural workers; to establish, support, and maintain hospitals, homes, and institutions for the care of the sick, the young, the aged, the incompetent, and the helpless among the people; to improve living conditions among people generally, as well as in particular sections or localities; and to promote health, science, education, and advancement and diffusion of knowledge and understanding among the people. The Foundation is currently active in the health field.

Anti-Defamation League of B'nai B'rith (1913); 212 Fifth Ave., New York 10; Richard E. Gutstadt, National Director.

Purpose and Activities: To promote positive human relations through a broad intergroup and intercultural program. The League's various departments, whose projects and materials are adapted to suit the needs of different age and interest groups, include the following: Advertising, Civic Service, Foreign Language, Labor, Literature Distribution, Motion Pictures, Press and Magazines, Radio, Religion, Schools, Speakers, Veterans, and Women. In addition the League maintains an extensive research and fact-finding arm to acquaint it and the general public with all evidences of intergroup hostility.

Army Air Forces Aid Society, Inc. (1942); Washington 25, D. C.; Maj. Gen. Howard C. Davidson, Ret., Director.

Membership: Individuals, approximately 300,000.

Purpose and Activities: To collect and hold funds to be used to relieve distress of Army Air Forces personnel and their dependents, Army Air Forces veterans and their dependents, and the dependents of deceased Army Air Forces personnel and veterans. The funds of the Society are built up through membership fees, voluntary donations, gifts, legacies, and royalties from certain books and songs. Membership is open to anyone, military or civilian. The Society is the official emergency relief organization of the U.S. Army Air Forces.

Army Emergency Relief (1942); 2145 C St., NW., Washington 25, D. C.; Maj. Gen. Walter K. Wilson, Executive Director.

Purpose and Activities: To render emergency financial aid to personnel of the Army (exclusive of the Army Air Forces) and their dependents. To avoid duplication of effort, the American Red Cross has assumed the primary responsibility for a broad program of aid to dependents of Army personnel. In specific cases where the policy of the Red Cross does not permit it to render financial assistance, the necessary aid is then furnished through the Red Cross by Army Emergency Relief. In addition to the national and branch headquarters office in Washington, branch offices are maintained at each Army headquarters in continental United States; also at Fort Richardson, Alaska; San Juan, Puerto Rico; Fort Shafter, Hawaii; and West Point, New York. Army Emergency Relief officers are in general located at each post and camp, except overseas.

Army Relief Society (1900); 350 Fifth Ave., New York 1; Mrs. Arthur W. Page, President.

Membership: Organizations, 20 branches in different parts of the country.

Purpose and Activities: To collect funds and provide relief in case of emergency for dependent widows and orphans of officers and enlisted men of the regular Army of the United States. At present the Society is working in affiliation with the Army Emergency Relief, and has agreed to continue this affiliation for 3 years from September 26, 1945. The Society administers all cases which came to it prior to this affiliation and also renders assistance as may be requested of it by the Army Emergency Relief.

Associated Medical Care Plans (1946); 535 North Dearborn St., Chicago 10; Frank E. Smith, Director.

Membership: Organizations, 12 state and 4 local.

Purpose: To promote the establishment and operation of such nonprofit voluntary medical care plans throughout the United States and Canada as will adequately meet the health needs of the public and will preserve and advance scientific medicine and

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the high quality of medical care rendered by the medical profession of the 2 countries.

Associated Youth Serving Organizations, Inc. (1943); 134 East 56th St., New York 22; Bernice Bridges, Executive Secretary.

Membership: Organizations, 7 national. For list of organizations see NATIONAL ASSOCIATIONS IN SOCIAL WORK in Part One.

Purpose and Activities: To facilitate responsible consultation among the national bodies of youth-serving organizations regarding their relations to the needs of children and youth, and their relations to each other in serving such groups; and to provide an agency for such joint action as may be determined from time to time. Member agencies have worked together in the organization's council, committees, commissions, conferences, staff consultations, individual assignments, and other competent means, on problems and projects such as: study and interpretation of youth needs and youth services; national approach to joint local planning and action for youth needs; relations with federal government agencies and bureaus; relations with community chests and councils of social agencies and other plans for united financing; planning for special groups, such as racial or rural; relations with other groups, such as schools, churches, and labor; and planning for postwar needs of youth. In July, 1946, the AYSO became inactive and its staff, program, and finances have since been directed toward co-operation with several additional organizations in the development of a Youth Division of the National Social Welfare Assembly, of which it is an integral part.

Association for Childhood Education (1892); 1201 16th St., NW., Washington 6, D. C.; Mary E. Leeper, Executive Secretary.

Membership: Individuals, 3,500; organizations, 2 national, 30 state, and 454 local.

Purpose: To work for the education and well-being of children; to bring into active cooperation all groups interested in children in the home, the school, and the community; to promote desirable educational programs and practices in the elementary school, including nursery school, kindergarten, primary, and intermediate; and to raise the standard of the professional training for teachers and leaders in this field. To achieve this purpose the Association is guided by a philosophy of education which is flexible and which changes to meet the needs inherent in a changing society, as related particularly to children and to the preparation of teachers.

Periodicals: Childhood Education Magazine, monthly, September through May, \$3.50 a year; Yearbook, annually, 50 cents a copy.

Association of Church Social Workers, Inc. (1934); 740 Rush St., Chicago 11; Lena Seemann, President.

Membership: Individuals, 663; chapters, 3.

Purpose and Activities: To establish and uphold professional standards of social work under church auspices, and to certify accredited church social workers. The Association was organized through the Church Conference of Social Work, but is an autonomous incorporated organization. Its annual meeting is held at the time of the National Conference of Social Work.

Periodical: The Church Social Worker, quarterly, free.

Association of the Junior Leagues of America, Inc. (1921); Waldorf Astoria, 305 Park Ave., New York 22; Mrs. C. H. L. Pen-nock, Executive Secretary.

Membership: Individuals, approximately 44,500; organizations, 161.

Purpose and Activities: To unite in one body all Junior Leagues and to promote their individual purposes, namely, to foster interest among their members in the social, economic, educational, cultural, and civic conditions of their own communities; and to make efficient their volunteer service. The Association's services — Arts, Children's Theatre, Education, Public Relations, Radio, Ways and Means, and Welfare — act in advisory capacities to local Leagues. The emphasis of the constituent Leagues' programs is centered on volunteer service to community agencies and education for citizenship.

Periodical: Junior League Magazine, monthly, \$1.50 a year.

Association of Secretaries of the Young Men's Christian Associations of North America (1871); 347 Madison Ave., New York 17; J. Edward Sproul, President.

Membership: Individuals, 3,000.

Purpose and Activities: To develop and maintain high standards of professional workmanship among secretaries of the Young Men's Christian Associations; and to give continuing attention to professional education, on-the-job training, research, employment, security, and professional ethics. The Association holds a General Conference triennially (next in 1948). It has constituent sections related to specializations within the secretaryship, state and interstate chapters, and 8 summer conferences organized on a territorial basis.

Periodical: The Association Forum, bimonthly, \$2.00 a year.

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Association of State Conference Secretaries (1924); 82 North High St., Columbus 15; Jane Chandler, Secretary.

Purpose and Activities: To discuss the general methodology of conferences—their functions, relationship to other organizations, objectives, and programs. The Association carries on an exchange of printed material such as programs, working forms, etc. It is an informal organization and each state conference secretary is considered a member. A meeting is held at the time of the National Conference of Social Work and one or more regional meetings are held during the year.

Periodical: Bulletin, occasional issues.

Association for the Study of Community Organization (1946); 60 Farnsworth Ave., Detroit 2; Arthur Dunham, Chairman.

Membership: Individuals and organizations, approximately 325 in the first 2 months of organizational activity.

Purpose and Activities: To increase understanding and improve professional practice of community organization for social welfare. The Association is interested in such topics as the philosophy and theory underlying community organization, methods used and skills needed by social work practitioners in this area, professional training in community organization, keeping of records for administrative and planning purposes, etc. The Association aims to serve as a clearinghouse for appropriate projects, studies, and activities; to aid in the production of professional literature; and to encourage the formation and development of local community organization discussion groups.

Baker — George F. Baker Trust (1942); 2 Wall St., New York 5; Sheridan A. Logan, Executive Secretary.

Purpose and Activities: To aid corporations organized and operated exclusively for religious, charitable, scientific, literary, or educational purposes, including the encouragement of art and the prevention of cruelty to children or animals. Present emphases are chiefly in the fields of health and social welfare.

Baptist Convention, Northern, Council on Christian Social Progress (1941); 152 Madison Ave., New York 16; Donald B. Cloward, Executive Secretary.

Purpose and Activities: To coordinate within the denomination a consciousness of social issues, and to assist the churches in carrying out their responsibility thereto. The Council represents 14 organizations of the Convention and unifies the social education and action program for the 7,500 churches.

Baruch Committee on Physical Medicine (1944); 597 Madison Ave., New York 22; Grace Keefe, Executive Secretary.

Purpose and Activities: To activate the following specific recommendations made by the original survey committee, regarding the chief needs for proper development of physical medicine: an adequate supply of physicians who can teach and use physical medicine, more extensive basic and clinical research in physical medicine, and proper use of physical medicine in relation to wartime rehabilitation and peacetime physical preparedness. Funds have been granted to 11 medical schools to permit them to establish teaching and research centers in physical medicine, and a definite sum has been allocated for Baruch fellowships in physical medicine. The Committee publishes reports from time to time.

Boy Rangers of America, Inc. (1913); 740 Lexington Ave., New York 22; Edward W. France, President.

Membership: 1,056 chartered lodges.

Purpose and Activities: To promote the establishment of Boy Ranger lodges throughout the United States, and so contribute materially toward the betterment of American boyhood between the ages of 8 and 12. Lodges have been established in 47 states, with an official program which includes organized ritual, play, and handicraft under competent leadership and contributes materially to the systematic development of fine character in the growing boy.

Boy Scouts of America, Inc. (1910); 2 Park Ave., New York 16; Elbert K. Fretwell, Chief Scout Executive.

Membership: Individuals, 1,978,119; councils, 545.

Purpose and Activities: To promote character building and citizenship training by activities under trained volunteer leadership adapted to each of the following age groups: Cubbing, a home-centered program for boys 9, 10, and 11 years of age; Scouting, a vigorous outdoor program for boys 12 years of age and over; and Senior Scouting—including Air Scouting, Explorer Scouting, and Sea Scouting, with activities adapted to young men 15 years of age and over, and Rover Scouting for young men of 18 years and over. Essential elements in all programs are the ideals of Scouting and service to others.

Periodicals: Boys' Life, monthly, \$2.00 a year; Scouting, monthly except July and August, \$1.00 a year.

Boys' Clubs of America, Inc. (1906); 381 Fourth Ave., New York 16; David W. Armstrong, Executive Director.

Membership: Organizations, 260 Boys' Clubs.

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Purpose and Activities: To promote the establishment of Boys' Clubs; and to provide program planning, personnel training and placement, building planning and maintenance, publications, publicity, and finance service for its member units. The organization plans institutes and conferences for the discussion of policies, activities, and methods.

Periodical: Boys' Club Bulletin (contains information concerning the movement), quarterly, free.

Braille Institute of America, Inc. (1919);
741 North Vermont Ave., Los Angeles 27;
J. Robert Atkinson, Managing Director.

Membership: Individuals, 410.

Activities: These include consultation by correspondence and personal interviews; home instruction in the use of Braille, Moon type, and in handicrafts and homemaking; invention of appliances, such as a portable Braille writer; and experimental work in the field of electronics. The Institute prints and publishes books and periodicals in Braille and Moon embossed types on a nonprofit basis, including the Bible in 21 Braille volumes and Webster's student dictionary in 32 volumes. The Institute sells to the blind at cost, or donates appliances, games, and supplies. It maintains one of the 26 regional free lending libraries of the Library of Congress.

Periodical: The Braille Mirror, monthly, \$6.00 a year, to the blind \$1.00 a year.

Brethren Service Committee, Inc.
(1940); 22 South State St., Elgin, Ill.; M. R. Zigler, Executive Secretary.

Purpose: To assist in the personal rehabilitation and social reconstruction of those who are in need; to relieve human distress and suffering among all peoples; to give physical and spiritual relief to refugees, exiles, prisoners, widows, and the aged; to carry on a program of civilian public service in times of war or during other national or international emergencies; to represent the Church of the Brethren and to aid in the organization, development, and application of the spiritual and financial resources of the Church in these fields of service; and generally to engage in educational, philanthropic, and charitable work, exclusive of the care of neglected or dependent children away from their homes. The Committee consists of 9 members, 5 nominated at large by the Standing Committee and 4 nominated one each by the General Mission Board, the Board of Christian Education, the General Ministerial Board, and the General Education Board. All are confirmed by the General Conference.

Periodicals: Gospel Messenger, weekly, \$2.00 a year; News of Brethren Service, monthly, free.

Brookings Institution (1927); 722 Jackson Pl., Washington 6, D. C.; Harold G. Moulton, President.

Purpose and Activities: To promote research and training in the social sciences. The Institution conducts research on important national and international economic and government problems. It also provides opportunities for research training at the supergraduate level, and maintains a center for visiting scholars in Washington. The Institution conducts many surveys which have an important bearing on social work. Its study of the social, economic, and administrative aspects of relief and social security was published in May, 1946. A broad program of economic research is being conducted, and special emphasis is being placed on studies in the international field.

Brush Foundation (1928); 1900 Euclid Ave., Cleveland 15; Virginia R. Wing, Executive Secretary.

Purpose and Activities: To effect an improvement in the quality of our population by encouraging a higher birth rate among its abler members and by discouraging reproduction by persons who have transmissible mental or serious inheritable physical defects. Present activities include studies of the growth and development of children, of the incidence of feeble-mindedness in an urban population, and of certain endocrine and other factors which affect human fertility.

Bureau for Intercultural Education, Inc.
(1934); name changed in 1944 from Service Bureau for Intercultural Education; 1697 Broadway, New York 19; Dr. H. H. Giles, Executive Director.

Purpose and Activities: To improve democratic human relations through the schools. The Bureau uses a variety of methods to help to make intercultural understandings a vital part of curricula and school-community life. It works intensively by invitation with a few school systems to establish successful patterns for intercultural education; encourages the development of necessary new learning materials either by its own staff members or others; promotes intensive experimentation and study of methods; makes available through seminars and publications the research of scientists bearing on intercultural matters; offers teacher in-service courses; sponsors intercultural education workshops; carries on an expanding program for training professional leadership; and offers special services and consultation to social agencies, adult education projects, and individual workers in all fields pertaining to democratic human relations. The Bureau also sponsors a series of definitive books on intercultural relations; prepares materials for teachers and students, including work in progress re-

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ports on current research; and serves as a central source for the best available printed materials and audio-visual aids.

Periodical: Intercultural Education News, quarterly, free.

Camp Fire Girls, Inc. (1910); 88 Lexington Ave., New York 16; Martha F. Allen, National Director.

Membership: Individuals, approximately 360,000.

Purpose and Activities: To supplement the training young girls receive in the home, church, and school; and to offer a balanced program of leisure-time activities that combine fun and learning. Age groups served are Blue Birds (7 to 9 years), Camp Fire Girls (10 through junior high school age), and Horizon Clubbers (senior high through junior college). The program stresses knowledge of the crafts and skills related to the home. Girls also acquire skills in the following crafts: outdoors, creative arts, frontiers (science), business, sports and games, and citizenship. Camp Fire girls, whose philosophy is "learn by doing," are awarded honors for successfully completing projects in the above crafts. Insignia, the crossed logs and flame, symbolizes the hearth fire of the home and the camp fire of the outdoors.

Periodical: The Camp Fire Girl (contains news and program ideas for Camp Fire leaders), monthly except July and August, 75 cents a year.

Carnegie Corporation of New York (1911); 522 Fifth Ave., New York 18; Devereaux C. Josephs, President.

Activities: During recent years the Corporation program has included grants chiefly in library service, the arts, and educational and scientific research. The agencies through which such work has been carried on are colleges, universities, national organizations, and professional and learned societies and associations.

Carnegie Foundation for the Advancement of Teaching (1906); 522 Fifth Ave., New York 18; Dr. O. C. Carmichael, President.

Activities: In addition to the payment of retiring allowances for teachers in colleges, universities, and technical schools, the Foundation has a Division of Educational Enquiry, the functions of which include study and report on problems which touch upon educational progress. Among the studies relating to social work is The Social Philosophy of Pensions.

Catholic Committee for Refugees and Displaced Persons (including Refugee Children) (1937); 265 West 14th St., New York 11; Rev. Emil N. Komora, Executive Director.

Activities: The Committee counsels and cooperates

with Catholic refugees both here and abroad in their efforts to effect religious, social, and vocational rehabilitation. Activities include case work, immigration and naturalization service, relief, resettlement, scholars' aid, location of relatives and friends, and national and international collaboration with Catholic agencies.

Catholic Daughters of America (1903); 10 West 71st St., New York 23; Katharine M. Rosney, National Secretary.

Membership: Individuals, approximately 200,000.

Purpose and Activities: To promote the material, moral, and intellectual development of Catholic womanhood and the protection and well-being of Catholic girls through junior groups. Among its activities are dispensing of charity and assisting Catholic charitable and educational projects. The organization also participates in civic and community activities.

Periodical: Woman's Voice, quarterly, to members only.

Catholic Hospital Association of the United States and Canada (1915); 1402 South Grand Blvd., St. Louis 4; Rev. Alphonse M. Schwitalla, President.

Membership: Active members, hospitals; associate members, related institutions and individuals.

Purpose: To promote the realization of progressively higher ideals in the religious, moral, medical, nursing, educational, social, and all other phases of hospital and nursing endeavor, with special reference to Catholic hospitals and schools of nursing in the United States and Canada.

Periodical: Hospital Progress, monthly, \$3.00 a year.

Central Howard Association, The (1901); 608 South Dearborn St., Chicago 5; Eugene S. Zemans, Executive Secretary.

Membership: Individuals, approximately 550 associate members in 16 states. Members are limited to 18 persons constituting the Board of Directors.

Activities: The Association assists men released from state and federal prisons and correctional institutions by means of individual case work service, temporary financial aid, employment placement, and guidance; develops satisfactory plans for employment and a home for men who have been granted parole; supports progressive penal legislation; and promotes tolerant attitudes by the community toward the ex-prisoner and his needs. The Association administers the Dimmick D. Drake Fellowship Fund, which provides working fellowships to professional workers in the correctional field to enable them to attend professional schools of social service administration.

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Central Location Index, Inc. (1944); 165 West 46th St., New York 19; Carolin A. Flexner, Executive Director.

Membership: Organizations, 11 national.

Purpose and Activities: To register and clear applications for location of persons abroad who have been displaced as a result of prewar and war conditions, and to seek people in this hemisphere whose present addresses are unknown to their relatives abroad. The Index was established by the following national agencies: American Christian Committee for Refugees, Inc., American Federation of International Institutes, American Friends Service Committee, American Jewish Joint Distribution Committee, Inc., Canadian Location Service, Hebrew Sheltering and Immigrant Aid Society, International Migration Service, International Rescue and Relief Committee, National Council of Jewish Women, Inc., National Refugee Service, Inc. (now the United Service for New Americans, Inc.), and Unitarian Service Committee. The Index was designated by the President's War Relief Control Board as the sole agency in the United States to cooperate with the Central Tracing Bureaux of UNRRA in Germany and Austria, in all zones. The Index also receives location data from a wide variety of other sources. Survivor and death lists as well as other types of location information have been forwarded by these sources to the Index. Where registrations through the Index fail to reveal location, the national agencies listed above institute intensive search abroad. Applications by individuals may be made directly to these agencies or may be referred to them by any agency requesting the forms provided for the purpose. The Index does not receive applications from individuals.

Child Education Foundation, Inc. (1916); 535 East 84th St., New York 28; Anna Eva McLin, Director.

Purpose and Activities: To make contributions through its Teacher Education Department, Advisory and Parents' Consultation Service, and Nursery, Preschool, and Primary Units, by demonstrating a plan for self-instruction as a basis of cooperative living, so that independence of thought and action will be encouraged and initiative stimulated in community interests. The Foundation maintains a constant and constructive receptivity to outside contributions as well as its own findings, both in method and curriculum, for childhood and parental education and the preparation of teachers. It is a source of educational service for children of all classes and nationalities, regardless of race or creed.

Child Study Association of America (1888); 221 West 57th St., New York 19; Mrs. Sidonie M. Gruenberg, Director.

Membership: Individual and subscribing members and group affiliates, approximately 6,000.

Activities: The Association works for better family life in all its phases and for a deeper understanding of childhood. It deals with the normal problems of children and families, emphasizing the prevention of personality difficulties. It interprets for parents and professional workers the soundest findings of pediatrics, psychiatry, psychology, and education, with practical application to the everyday problems of childhood and of family and community life. Activities include the following: study groups; lectures and conferences; family counseling service; library; speakers' bureau; training of leaders; and publication of books, pamphlets, bibliographies, and reading lists for parents, teachers, and children. Among its recent pamphlets are *What Makes a Good Home?*, *What Makes Good Habits*—*The Beginnings of Discipline*, *Father Comes Home*, and *When Children Ask about Sex*.

Periodical: *Child Study*, quarterly, \$1.50 a year.

Child Welfare League of America, Inc. (1920); 130 East 22d St., New York 10; Howard W. Hopkirk, Executive Director.

Membership: Organizations, 200 accredited agencies engaged in child care and protection. Provisional membership includes about 40 agencies, mostly eligible for accrediting at the end of one year. Associate service is open to councils of social agencies, schools of social work, clubs, committees, etc., not operating above programs.

Purpose and Activities: To develop standards of service for child protection and care in children's agencies, institutions, and day nurseries, and in community programs through the following means: cooperation with governmental departments of child care, publications, information exchange service, loan library and record forms, case record exhibit, general information and education in the field, field service consultation, and regional conferences. Approximately 400 agencies, in addition to member agencies, subscribe to the League's publications.

Periodical: *Bulletin*, monthly October through July, \$2.00 a year.

Christ Child Society (1896); 608 Massachusetts Ave., NE., Washington 2, D. C.; Mary V. Merrick, President.

Membership: Individuals, approximately 10,000; organizations, 37 units in 18 states.

Purpose and Activities: To aid and instruct poor children and uplift and brighten their lives, and to interest youth in the service of the children of the poor. The enterprises of the Washington unit are typical: it provides layettes for newborn infants; maintains a fresh-air farm for convalescent children and summer camps for boys and girls, Negro and white; supports a free dental clinic at its headquarters; conducts recreational activities at its settlement

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house; visits children in their homes; pays particular attention to Christmas wants; and instructs children in religion. The aggregate number of children annually reached by all the 37 member units approximates 30,000. It is a Catholic organization.

Christian Church, The National Benevolent Association of the (1886); 1602 Landreth Bldg., St. Louis 2; J. Eric Carlson, General Secretary.

Purpose and Activities: To provide for the physical, moral, intellectual, and spiritual wants of those who may seek or need the Association's protection and aid by the following means: establishing and maintaining homes, hospitals, training schools, and such other institutions as may be conducive to these ends; and undertaking such other work as may from time to time be expedient. The Association is the administrative body for 6 homes for children and 6 homes for aged people.

Periodical: N.B.A. Family Talk, monthly, 25 cents a year.

Church Conference of Social Work (1930); 297 Fourth Ave., New York 10; Rev. Dr. Beverley M. Boyd, Secretary.

Membership: Individuals, 276; organizations, 6 national and 3 local.

Purpose and Activities: To bring church social workers together for acquaintance and discussion of common problems; to bring to church social workers the value of the discussions and associations of the National Conference of Social Work; to develop interest in the whole field of cooperation between churches and social agencies; to gain wider recognition of the indispensable resources of religion in the rehabilitation of individuals and groups; to study current problems within the scope of church social work and to make constructive recommendations looking toward their solution; and to further the use of approved methods in the social work field, and to give leadership in the development of a Protestant strategy in church social work. The Conference is administered by the Department of Christian Social Relations of the Federal Council of the Churches of Christ in America, with the aid of elected officers and committees. The Episcopal Social Work Conference has been merged with the Church Conference of Social Work.

Church League for Industrial Democracy (1919); 155 Washington St., New York 6; W. B. Spofford, Jr., Executive Secretary.

Membership: Individuals, 2,345; organizations, 18 local.

Purpose: To unite, for intercession and labor, those within the Episcopal Church who believe that it is an essential part of the Church's function to make

justice and love the controlling motives in all social change, and who wish, as Christians, to promote all sound movements looking toward the democratization of industry and the socialization of life.

Periodical: Social Facts, quarterly, free.

Church World Service, Inc. (1946); 37 East 36th St., New York 16; A. L. Warnshuis, Executive Vice President.

Membership: Individuals appointed as follows: 5 by each of the 3 constituting bodies and the United Council of Church Women, and 1 by the relief agency of each related church denomination desiring to participate.

Purpose: To serve the common interests of the constituting bodies and the churches related to them, in their work of relief and interchurch aid abroad. The 3 constituting bodies are the American Committee for the World Council of Churches, the Federal Council of the Churches of Christ in America, and the Foreign Missions Conference of North America. The Church World Service is a consolidation of 3 overseas service agencies: Church Committee on Overseas Relief and Reconstruction, Church Committee for Relief in Asia, and Commission for World Council Service.

Periodical: Christian Aid Overseas, monthly, free.

Civil Rights Congress (1946); 205 East 42d St., New York 17; Milton Kaufman, Executive Director.

Purpose and Activities: To provide a well-organized, unified program of action to defend and extend the democratic rights of every American. The Congress is a national membership organization founded by church, labor, farm, veteran, civic, educational, and other groups who see an imperative need for common action to meet unprecedented attacks on those rights. It has chapters in California, Illinois, Michigan, New York, Ohio, Pennsylvania, Texas, and Wisconsin, with organizations in the process of formation in several other states.

Periodical: Action Bulletin, issued as occasion requires, \$3.00 a year.

Civil Service Assembly of the United States and Canada (1906); 1313 East 60th St., Chicago 37; James M. Mitchell, Director.

Membership: Individuals, 913; organizations, 360.

Purpose and Activities: To promote scientific research and administration in the public personnel field, to encourage the collection and distribution of information as to methods used, to formulate the fundamental principles of public personnel administration, and to promote the coordination of personnel research activities and furnish a forum for the interchange of thought and information. The or-

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ganization serves as a clearinghouse for information on all phases of public personnel administration; provides consulting service on public personnel practices for civil service commissions, public officials, and civic groups interested in the merit system; furnishes technical advice in installing or improving personnel systems; assists in the preparation of civil service laws, ordinances, rules, and regulations; conducts and encourages research in all phases of personnel administration; and holds an annual meeting and annual regional conferences.

Periodicals: News Letter, monthly, \$5.00 a year; Public Personnel Review, quarterly, \$5.00 a year.

Coast Guard Welfare (1941); Coast Guard Headquarters, Washington 25, D. C.; Commodore Ellis Reed-Hill, U.S.C.G., President.

Purpose and Activities: To promote the best interests of the commissioned, warrant, enlisted, and civilian personnel of the U.S. Coast Guard, either active or retired, U.S. Coast Guard Reserve, U.S. Coast Guard Auxiliary, and U.S. Public Health Service when its members are serving on active duty with the Coast Guard; to assist those dependent upon them who may be in need of counsel and help; to extend financial assistance returnable in no greater measure than given, or if the circumstances so require, by the outright grants of money; and to afford such other assistance as may be required, to the end that the morale of the service may be sustained by its efforts. The over-all administration of Coast Guard Welfare is vested in a Board of Control located in Washington. Each field district and unit is headed by a director, usually the senior Coast Guard officer in the area. The society's activities are carried on through its district or unit welfare committees.

Commission on Community Interrelations of the American Jewish Congress (1944); 212 West 50th St., New York 19; Dr. Stewart W. Cook, Director.

Purpose and Activities: To combine research and action in a new attack on minority group problems in the United States. In so doing, the Commission concentrates on studies and experiments of 2 major types: to measure and evaluate techniques now used by agencies and organizations working on intercultural problems; and to develop other more effective techniques where necessary. Both entail a high degree of collaboration with university research centers, other agencies, community leaders, and laymen. The Commission (known generally as CCI) employs such techniques of social science as the sociodrama, deep-level interviewing, opinion sampling, and others to find out causes of intergroup friction and to create change in prejudice and behavior. Research results, in turn, become the basis of corrective programs in the community. CCI fo-

cuses on problems involving Jews and non-Jews, but works on intercultural tensions and conflicts of many kinds.

Periodical: Facts on Friction, monthly, free.

Committee for Economic Development (1942); 285 Madison Ave., New York 17; Paul G. Hoffman, Chairman, Board of Trustees.

Purpose and Activities: To help develop, through objective research, those economic policies which would contribute most effectively to a free, expanding economy and the maintenance of high levels of productive employment. The CED has just begun its studies of the pressing long-range problems for which a full or partial solution must be found if our free society is to be properly safeguarded. Included in these studies are wage-price policy, labor relations, the special problems of small business, governmental expenditure and credit policies as incentives to business expansion, and, most fundamental of all, how to avoid the immoderate fluctuations of the business cycle.

Committee for the Nation's Health (1946); Room 804, 1790 Broadway, New York 19; Dr. Channing Frothingham, Chairman.

Membership: Individuals, 200 sponsors.

Purpose and Activities: To inform the public about the health needs of the nation, and to encourage active public interest in the prompt passage of legislation which will put a comprehensive national health program into effect. The Committee was formed by laymen and physicians who actively support such a program along the lines of the President's message of November 19, 1945. It works with all organizations that share its interest in the health of the people, and aims to coordinate the efforts of these groups. The Committee supplies on request literature concerning health needs, the national health program, and pending legislation; and assists in arranging meetings and discussions, in obtaining speakers, and in organizing other support.

Committee for Overseas Relief Supplies (1945); 1834 Broadway, New York 23; Kurt R. Grossman, Head.

Purpose and Activities: To solicit goods in kind (clothing, new and used, food, medicaments, hospital supplies, and other items needed abroad) and to ship them to 19 established centers abroad which distribute these supplies to Jews regardless of their national origin. During 1945, 1,331,578 pounds of clothing, food, and medicaments were shipped from the United States and South American affiliates to Europe and Asia. Besides these bulk shipments the parcel service of the Committee has sent

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21,000 parcels weighing a total of 283,500 pounds to Austria, Belgium, Czechoslovakia, France, Germany, and Poland. The Committee is affiliated with the World Jewish Congress and American Jewish Congress, and is part of the Relief and Rehabilitation Department of the World Jewish Congress.

Periodical: Guide, issued irregularly, free.

Committee of Physicians for the Improvement of Medical Care, Inc. (1937); 789 Howard Ave., New Haven 11; Dr. John P. Peters, Secretary.

Membership: Individuals, 40 Central Committee members.

Activities: The Committee, when first formed, adopted as its platform certain principles and proposals — generalizations developed after much thought, that seemed to embody the greatest common divisor of those elements which were essential to any comprehensive programs for the improvement of medical care for the people of this nation. The Committee has now embarked on the second phase of its work, the critical analysis of general or national movements toward the reorganization of medical care. The Committee has subjected to scrutiny all proposals for the reorganization of medical care on a national basis. It has tried to make it clear that there is a body of physicians which appreciates and desires to meet the need for better distribution of medical care. At the same time it has insisted that the quality of medical care must not be sacrificed for the mere sake of wider distribution of medical services. The Committee has consistently urged that valid experimentation in methods for providing medical care be fostered. It has also held that all information concerning projects and experiments be presented to the public and the medical profession in an unprejudiced scientific spirit. The Committee issues bulletins at irregular intervals.

Committee on Research in Medical Economics, Inc. (1936); Room 804, 1790 Broadway, New York 19; Michael M. Davis, Ph.D., Chairman.

Purpose: To conduct studies of medical services, and particularly of their economic and social aspects, under the auspices of this organization and through the cooperation of other agencies; to issue or to assist publications concerning these subjects; to train personnel for work in this field; to furnish consultation services for studies or projects under other auspices; to receive, hold, and disburse funds for the purposes of the organization; and to pursue such other activities, other than carrying on propaganda or otherwise attempting to influence legislation, as will assist in the extension of better and more accessible medical care.

Committee on Unmarried Parents (1938); name changed in 1946 from Committee on Unmarried Parenthood; Council of Social Agencies, 1101 M St., NW., Washington 5, D. C.; Mrs. Lois S. Parsons, Chairman.

Activities: In cooperation with the U.S. Children's Bureau the Committee attempts to coordinate the work of various local committees throughout the United States and Canada concerned with problems of unmarried parents, to assist in the organization of new committees, and to stimulate community planning for better service to unmarried mothers and their babies. Its major responsibility is to plan a program on this subject for the National Conference of Social Work and to distribute to local committees on unmarried parents and other interested individuals and groups the materials presented at the National Conference on this subject. Information regarding the activities of local committees on unmarried parents and other material on this subject is available through the Children's Bureau, Federal Security Agency, Washington 25, D.C.

Committee on Youth Problems of the American Council on Education (1942); 744 Jackson Pl., Washington 6, D. C.; Francis J. Brown, Executive Secretary.

Purpose and Activities: To promote the findings of the American Youth Commission, which was disbanded in December, 1941; and to serve as a clearinghouse of information regarding youth developments and problems. During the years since its inception in 1935 the Commission made an extensive inquiry into and formulated comprehensive plans for the care and education of American youth, and also made studies throughout the country relating to youth in present-day society. In January, 1942, the Commission published a report of its 6-year study, entitled Youth and the Future, which offered specific recommendations for dealing with the complex of economic, educational, and social problems that will confront American youth in the years to come. The Committee has devoted considerable time to the effect of compulsory military training on youth. Plans are now being formulated to carry on the broader purpose indicated above and to issue a number of publications during the coming year.

Periodical: Bulletin, occasional issues, free.

Common Council for American Unity (1918); 20 West 40th St., New York 18; Read Lewis, Executive Director.

Membership: 4,050 individuals and organizations.

Purpose and Activities: To promote unity and mutual understanding among the American people, and the acceptance of all citizens, whatever their national or racial origins, as equal partners in American life; to further an appreciation of what

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each group has contributed to America; to overcome intolerance and discrimination because of race, creed, or national origin; and to help the foreign born and their children solve their special problems of adjustment and share fully and constructively in American life. The Council maintains a weekly educational service in 19 languages to the foreign language press in the United States and radio stations broadcasting foreign language programs; supplies local agencies with information on immigration, naturalization, and intercultural problems; follows developments in Congress in this field and takes constructive stands on specific issues of discrimination and fair play; publishes a magazine dealing with intercultural and interracial problems; serves as center of information and advice about nationality and racial groups and programs to advance better understanding; maintains American Common, an intercultural center; and sponsors the One World Award.

Periodicals: Common Ground, quarterly, \$2.00 a year; Interpreter Releases (a series of about 50 mimeographed articles and reports on immigration and naturalization), \$10 a year.

Commonwealth Fund (1918); 41 East 57th St., New York 22; Barry C. Smith, General Director.

Activities: These include aid to medical research and medical education through grants to medical schools and fellowships for advanced study, the promotion of public health and medical services through aid to state and local health departments and rural hospitals, the study of public health techniques, and the promotion of mental hygiene services especially through medical education. The Fund publishes books on subjects germane to its activities.

Periodical: News-Letter, 3 issues yearly.

Community Chests and Councils, Inc. (1918); 155 East 44th St., New York 17; Ralph Blanchard, Executive Director.

Membership: Organizations, 475 local community chests and councils of social agencies.

Purpose and Activities: To assist in the development of community organization for health and welfare; and to give service and leadership to local community chests and councils of social agencies in joint financing, joint planning, and interpretation of social work through committee activities, research, correspondence, field visits, local studies of chests and councils, regional and national conferences, staff training institutes, and publications. Two annual institutes are sponsored: Great Lakes Institute for Social Work Executives, held at College Camp, Wis., and Blue Ridge Institute for Social Work Executives, held at Blue Ridge, N.C. The Committee on Social Service Exchange and the

Advisory Committee on Volunteer Service (formerly the National Committee on Volunteers in Social Work) serve as national focal points for development in these areas. A National Budget Committee under the sponsorship of Community Chests and Councils, Inc., was set up in 1946 to review the budgets of national domestic and foreign relief agencies requesting such service and to supply information and recommendations regarding them to local chests. Occasional bulletins are published, such as Swap, On the Alert, Campaign News, etc.

Periodicals: Community (news bulletin), monthly except July and August, \$2.00 a year; Proceedings of Blue Ridge Institute; Proceedings of Great Lakes Institute; both annually.

Community Service, Inc. (1941); Yellow Springs, Ohio; Arthur E. Morgan, President.

Membership: Individuals and organizations, approximately 300.

Purpose and Activities: To promote the interests of the small community as a basic social institution concerned with the economic, recreational, educational, cultural, and spiritual development of its members. Areas of work include a lecture, consultation, and conference service; book department and loan library; community correspondence course; small community surveys and occupations study; and clearinghouse for community interests.

Periodical: Community Service News, bimonthly except July and August, \$1.25 a year.

Conference of Executives of American Schools for the Deaf, Inc. (1868); Frederick, Md.; Ignatius Bjorlee, Chairman, Executive Committee.

Purpose: To promote the management and operation of schools for the deaf along the broadest and most efficient lines, and to further and promote the general welfare of the deaf.

Periodical: American Annals of the Deaf, 5 issues yearly, \$2.00 a year (published in cooperation with Convention of American Instructors of the Deaf).

Conference of Professional Schools of Recreation and Group Work (1943); 122 East 22d St., New York 10; Dr. Clara A. Kaiser, Chairman of the Executive Committee.

Membership: 15 schools of social work.

Purpose and Activities: To provide opportunity for joint thinking and action by schools offering preparation for professional work in recreation and group work, and national and local agencies in the field. To accomplish this purpose an advisory group of official representatives of national agencies has been meeting regularly with the Executive Committee of the Conference to discuss current problems regard-

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ing personnel needs and the content of professional training programs. The Conference cooperates with other professional and educational groups, particularly with the American Association of Group Workers and the American Association of Schools of Social Work. The 15 member schools comprise 13 schools which are members of the American Association of Schools of Social Work and 2 independent schools.

Conference of State and Provincial Health Authorities of North America (1884); Wisconsin State Board of Health, Madison 2; Dr. Carl N. Neupert, Secretary-Treasurer.

Membership: Individuals, 65 state, territorial, and provincial health officers.

Purpose: To discuss scientific problems in preventive medicine, to formulate uniform projects in health work, and to act as a clearinghouse of useful information relating to preventive medicine and public health.

Periodical: Proceedings, annually, not sold.

Conference of Superintendents of Correctional Institutions for Girls and Women (1930); 10 Greenwich Ave., New York 11; Ruth Collins, Business Manager.

Purpose: To bring together superintendents of institutions for delinquent women and girls for the exchange of ideas and discussion of their problems.

Congregational Christian Churches, Council for Social Action (1934); 289 Fourth Ave., New York 10; Ray Gibbons, Executive Director.

Purpose and Activities: To serve the churches by devising ways and means through which they can express their highest social aspirations and associate themselves for concerted study and action in the fields of international relations, industrial progress, race relations, and rural life. The Council administers several denominational projects, notably that of the Committee for War Victims and Services.

Periodicals: Social Action, monthly except July and August, \$1.00 a year; Washington Report, monthly, 50 cents a year.

Congress of Industrial Organizations (1935); 718 Jackson Pl., NW., Washington 6, D. C.; Philip Murray, President.

Membership: Individuals, approximately 6,300,000 in United States and Canada; organizations, 39 national and international unions, 36 state industrial union councils, and 230 city and county councils.

Purpose and Activities: To improve the living and

working conditions of American wage-earners by organizing trade unions along industrial lines for purposes of collective bargaining. Supplementary activities related to the field of social work are conducted by committees within the CIO, covering the following interests: community services, housing, legislation, racial discrimination, social security, and veterans' affairs. The National CIO Community Services Committee is listed separately in this section of the DIRECTORY OF AGENCIES.

Periodicals: The CIO News, weekly, \$1.00 a year; Economic Outlook, monthly, \$1.00 a year.

Congress of Racial Equality (1943); 2929 Broadway, New York 25; George M. Houser, Executive Secretary.

Membership: Organizations, 12 local.

Purpose and Activities: To eliminate all racial segregation and discrimination. Members renounce overt violence in opposing racial discrimination and use the method of direct nonviolent action, seeking to change existing practices by using the steps of investigation, negotiation, demonstration, and such direct challenge as picketing, boycotting, etc. Members work against discrimination in public places such as schools, restaurants, churches, and theaters; and also attempt to attack the more basic social, economic, and political problems of discrimination, particularly as they are manifested in employment and residential segregation.

Periodical: CORElator, approximately bimonthly, free.

Consumer Clearing House (1943); 1634 Eye St., NW., Washington 6, D. C.; Dr. Caroline F. Ware, Chairman.

Membership: Organizations, 18 national.

Purpose and Activities: To serve as a clearinghouse of information on current consumer problems for national organizations which have consumer interests. The Consumer Clearing House takes no action itself, but only discusses and plans action which each organization may or may not take according to its own program. Representatives of member organizations meet approximately monthly to secure and exchange information. Reports of each meeting, summarizing the information presented and the suggestions for action, are circulated to members and are available to nonmembers.

Periodical: Consumer Clearing House Reports, approximately monthly, \$1.00 a year.

Convention of American Instructors of the Deaf, Inc. (1897); Idaho School for the Deaf and the Blind, Gooding; Burton W. Driggs, Secretary.

Membership: Individuals, 876.

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Purpose: To promote the education of the deaf on broad, modern, and practical lines.

Periodicals: The Convention Bulletin; The Vocational Bulletin; both 9 issues during the school year; American Annals of the Deaf, 5 issues yearly, \$2.00 a year (published in cooperation with Conference of Executives of American Schools for the Deaf); Biennial Report of Convention.

Cooperative for American Remittances to Europe, Inc. (1945); 50 Broad St., New York 4; Gen. William N. Haskell, Executive Director.

Membership: Organizations, 24 national.

Activities: CARE is a nonprofit organization which furnishes the service of supplying and delivering relief commodities, particularly food, to individuals and organizations in Europe at the direction of individuals and organizations in the United States. It also undertakes to make deliveries, when so instructed by American donors, to unspecified individuals in need of relief commodities. In such cases, CARE, after consultation with appropriate local authorities, organizations, and representatives of its member agencies, selects the individual to receive a delivery. The total cost to the donor of a package containing approximately 30 pounds of food, including about 10 pounds of meat, is \$10.

Cooperative League of the United States of America (1916); 343 South Dearborn St., Chicago 4; E. R. Bowen, General Secretary. Two other offices are maintained: Publicity Office, 167 West 12th St., New York 11; and Research and Information Office, 726 Jackson Pl., NW., Washington 6, D. C.

Membership: Individuals, 1,500,000, affiliated with the League through 20 regional cooperative organizations with 3,000 local associations.

Activities: The League is the national educational federation of consumer cooperative purchasing associations in the United States. It acts as a clearinghouse for information on cooperatives and coordinates programs of general publicity; promotes member, employe, and youth education; publishes and distributes books and pamphlets on the cooperative movement; produces and distributes motion pictures on the cooperative movement; carries on research and supplies information through its Washington office, including the watching of legislation in an attempt to see that no restrictive legislation is forced through which would hamper the development of the cooperatives; and acts as the coordinating body of the movement calling biennial congresses which form the basic policy of the movement.

Periodical: Co-op, monthly, \$2.00 a year.

Cooperative Recreation Service (1936); P. O. Box 333, Delaware, Ohio; Lynn Rohrbough, Director.

Membership: Individuals and associated clubs, approximately 400.

Purpose: To supply to members and others articles, services, and education in connection with recreation; to manufacture and distribute on a nonprofit basis materials and equipment for games, folk music and dancing, and other leisure-time pursuits; and to cooperate with progressive agencies in teaching recreational skills and appreciation.

Periodical: Recreation Kit, quarterly, \$1.00 a year.

Coordinating Councils, Inc. (1938); Civic Center, San Diego 1; Kenneth S. Beam, Secretary.

Purpose and Activities: To conduct studies, surveys, and conferences in order to assemble as much information as possible regarding the problems met and successful methods used by various types of coordinating, neighborhood, and community councils; to disseminate the foregoing information through periodicals, reports, and proceedings of conferences; to maintain at the organization headquarters a reference bureau and clearinghouse for the interchange of ideas, information, and data having to do with the general field of community coordination; and to provide consultant service for communities desiring to organize, or to improve the services of, various types of councils, and for communities endeavoring to prevent delinquency and crime through the elimination or control of the basic conditioning factors. At present the organization is active only in connection with correspondence coming from outside the state of California regarding the work of coordinating councils; inquiries regarding coordinating councils within California are referred to the California Youth Authority.

Council Against Intolerance in America (1938); 17 East 42d St., New York 17; James Waterman Wise, Director.

Membership: Individuals, 75.

Activities: To combat the forces of bigotry in the United States the Council conducts an educational program directed chiefly to teachers in American schools. Manuals, maps, American Unity (a monthly educational guide), and other publications are sent to hundreds of thousands of American schools. A new visual program includes Pictures for Democracy, a photographic service furnishing pictures to schools, organizations, and civic groups; traveling photographic exhibits, such as The Negro in American Life, The Jew in American Life, and The Springfield Plan; and film strips, including Forward All Together. All material is sent either without charge or for cost of shipping.

Periodical: American Unity, monthly, free.

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Council of Guidance and Personnel Associations (1934); Occidental College, Los Angeles; Elsie May Smithies, President.

Membership: Organizations, 10 national.

Purpose and Activities: To effect cooperation among the member associations to the end that mutual acquaintance may be cultivated, and principles, practices, and professional standards in this field may be advanced; and to foster the aims that these organizations have in common, without in any way minimizing their activities in carrying out the special aims of each association in its own field. The Council arranges a series of joint meetings at the annual convention of a number of the member agencies.

Periodical: Annual Proceedings appear in one of the monthly issues of Occupations: The Vocational Guidance Journal, published by the National Vocational Guidance Association.

Council of Jewish Federations and Welfare Funds, Inc. (1932); 165 West 46th St., New York 19; Harry L. Lurie, Executive Director.

Membership: Organizations, 267 local federations, welfare funds, and community councils in 236 cities in the United States and Canada.

Purpose and Activities: To help organize community resources to meet effectively local, regional, national, and overseas Jewish needs. The Council is a cooperative association of, and central clearing-house for, Jewish communal agencies in the United States and Canada. Its Research Department gathers facts and interprets trends in Jewish social work, community organization, and public welfare, and keeps local agencies abreast of current progress in these fields. Its field representatives help unorganized Jewish communities to take the first steps toward organization, and to provide assistance and guidance to established federations, welfare funds, and community councils in their organizational, functional, and financial problems. The Council's publications and confidential reports advise local communities on the best methods of raising and allocating funds for local and nonlocal needs, on the work of national and overseas agencies and local relationships with them, and on all developments in related fields as they occur. The annual general assembly and regional conferences of the Council bring together national and local lay and professional Jewish leaders to exchange experiences, discuss common problems, and coordinate their planning and activities in welfare work and Jewish group organization.

Periodical: Jewish Community, 6 issues yearly, \$1.00 a year.

Council of Seamen's Agencies (1932); name changed in 1945 from National Association of Seamen's Welfare Agencies; 25 South St., New York 4; O. C. Frey, Executive Secretary.

Membership: Seamen's agencies, 17 full members and 8 associate members.

Activities: Seamen's agencies in the United States and Canada are brought together in an annual meeting to discuss and act upon problems relating to the industrial, health, and social conditions of seamen. The Association exerts its influence in behalf of all measures that will improve these conditions, promotes special studies, and issues bulletins for its members. Its annual meetings are held in conjunction with the National Conference of Social Work, when the latter meets at a convenient seaport.

Periodical: Proceedings of the Annual Meeting.

Council of Southern Mountain Workers (1913); name changed in 1944 from Conference of Southern Mountain Workers; Box 158, Berea, Ky.; Glyn Morris, Executive Secretary.

Membership: Individuals, 275; organizations, 37 church boards, mountain schools and centers, and foundations.

Purpose and Activities: To promote fellowship and cooperation among persons and organizations engaged in education, social welfare, and religious work in the Southern Highlands; to seek out and formulate plans to increase the economic welfare of mountain people through improved agriculture, small local industries, and cooperatives; to encourage research on mountain problems; and to publish a magazine devoted to education upon and the promotion of the above program. The Council administers the following projects: recreation, with an itinerant recreational leader; child health, with special funds administered by the executive secretary in cooperation with local health authorities; and institutes for mountain ministers, under the leadership of a field agent. The Council sponsors one annual conference and such regional ones as are needed. It also cooperates in the annual folk festival held at Berea College and the Christmas dance school, a training school for recreation leaders.

Periodical: Mountain Life and Work, quarterly, \$1.00 a year.

Council of State Governments (1933); 1313 East 60th St., Chicago 37; Frank Bane, Executive Director.

Activities: The Council acts as a clearinghouse and research center for legislators and legislative reference bureaus, and is the secretariat for the Governors' Conference, the National Association of Attorneys General, the National Association of Sec-

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retaries of State, and the National Association of State Budget Officers. The Council serves as a clearinghouse for information and research, serving the 48 states; a medium for improving legislative and administrative practices of state governments; an instrumentality for encouraging full cooperation among the states in the solution of interstate problems, both regional and national; and a means of facilitating and improving federal-state relations. It publishes special research bulletins and proceedings of conferences.

Periodicals: Current Legislative Sessions, weekly, \$3.00 a year; Weekly Digest of Opinions of Attorneys General, \$10 a year; State Government, monthly, \$2.50 a year; Washington Legislative Bulletin, 10–12 issues yearly, \$10 a year; The Book of the States, biennially, \$5.00 a copy.

Credit Union National Association (1934); Raiffeisen House, Madison 1, Wis.; Thomas W. Doig, Managing Director.

Membership: Organizations, 53 leagues of credit unions, including 43 state leagues, the Hawaii League, the District of Columbia League, and 8 Canadian leagues.

Purpose: To organize additional credit unions, chapters of credit unions, and state leagues of credit unions; to carry on educational work incidental to the credit union program; to handle common legal problems; and to perform for credit unions common services of value.

Periodical: The Bridge, monthly, \$1.00 a year.

Daughters of Isabella, National Circle (1897); 375 Whitney Ave., New Haven 11; Mary F. Riley, Secretary.

Membership: Individuals, approximately 70,000; circles, 29 state in United States and Canada and 509 subordinate.

Purpose and Activities: To unite all Catholic women of proper age and standing in order to widen their circle of friendship, combine their resources and energies, and be of mutual assistance in times of need; and to promote the religious and social status of their sex and aid their intellectual growth. As a means to these ends the subordinate circles sponsor community projects, such as homes, camps, or study clubs for girls, and fellowships in the National Catholic School of Social Service.

Periodical: Catholic Home Journal, monthly.

Disabled American Veterans, Inc. (1920); 1423 East McMillan St., Cincinnati 6; Vivian D. Corbly, National Adjutant.

Membership: Individuals, 105,039; organizations, 1 national, 41 state (known as departments), and approximately 1,200 local chapters.

Activities: This nonmilitary, nonsectarian, nonpolitical organization is made up of veterans who served honorably in United States armed forces in time of war and became wounded, gassed, injured, or disabled as a result of that service. It is by nature patriotic, fraternal, and social, but concentrates on the fundamental purpose of assisting those who gave so much of themselves in times of great need. A specific objective is to cooperate with the Veterans Administration and all other governmental and voluntary agencies devoted to the cause of improving and advancing the condition, health, and interests of disabled veterans; and to encourage in all people that spirit of understanding which will guard against future wars. Eligibility requirements limit numerical strength but it is nevertheless third in size among all veterans' organizations in the United States; and is generally recognized as the outstanding organization specializing in serving disabled American veterans.

Periodical: Disabled American Veterans' Semi-Monthly (one issue in July and December), \$2.00 a year.

Disciples of Christ, Department of Social Welfare (1919); Missions Bldg., Indianapolis 7; Dr. James A. Crain, Executive Secretary.

Activities: The Department is a constituent part of the Division of Home Missions of the United Christian Missionary Society of the Disciples of Christ and carries primary responsibility for social welfare, mountain work, migrant and sharecropper work, world peace, and interracial relations. The executive secretary serves also as chairman of the Committee on Social Education of the Division of Christian Education which deals with temperance education, education for economic justice, interracial understanding, international justice, world peace, marriage and the home, and other forms of social education among the 8,000 churches and 1,800,000 communicants of that communion.

Periodicals: Front Rank, weekly, \$1.25 a year; Social Action News Letter, monthly, 50 cents a year; World Call, monthly, \$1.50 a year.

Education-Recreation Council of the National Social Welfare Assembly (1933); name changed in 1946 from National Education-Recreation Council; 1790 Broadway, New York 19; E. Urner Goodman, Secretary-Treasurer.

Membership: Organizations, 9 federal agencies and 25 national voluntary agencies. For list of member agencies see NATIONAL ASSOCIATIONS IN SOCIAL WORK in Part One.

Purpose and Activities: To exchange information and study common problems in the leisure-time

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field. The Council is an informal conference body. It has reviewed leisure-time and recreation surveys, has given thought to the problem of training in the leisure-time field, and has discussed the churches in relation to recreation and the use of volunteers. The Council affords an opportunity for clearing common problems in the national leisure-time field instead of attempting to organize a new group to consider each problem arising.

Episcopal Service for Youth (1919); name changed in 1946 from Church Mission of Help, National Council; 118 East 22d St., New York 10; Edith F. Balmford, Executive Secretary.

Membership: Organizations, 15 diocesan societies (Church Mission of Help and Youth Consultation Service) within the Episcopal Church.

Purpose and Activities: To aid the diocesan societies in maintaining high standards of case work and to help them meet their problems more effectively; to assist in organizing societies in dioceses where the need is felt; to join with other social work and church agencies in bettering social conditions, especially those affecting young people; and to study methods by which a closer cooperation can be brought about between the forces of religion and those of social work. The Episcopal Service for Youth is the case work agency of the Episcopal Church working with young people. The national office offers field and information service and conferences to the local societies, and also gives information and field service to other dioceses of the Church in meeting the problems of young people.

Evangelical and Reformed Church, Commission on Christian Social Action (1914); 2969 West 25th St., Cleveland 13; Rev. Huber F. Klemme, Executive Secretary.

Activities: The Commission publishes and distributes literature on social problems, formulates statements on current issues, participates in interdenominational and interagency social action conferences, and suggests programs of study and action to local churches and official denominational bodies.

Eye-Bank for Sight Restoration, Inc. (1945); 210 East 64th St., New York 21; Mrs. Henry Breckinridge, Executive Director.

Purpose and Activities: To make available to hospitals and surgeons who are qualified to perform the corneal graft operation a supply of fresh or preserved corneal tissue, wherever and whenever needed; to encourage and extend, by teaching and research, the knowledge and skill required to perform the operation; and to establish sources of supply of salvaged eyes and corneal tissue. A subsidiary function of the Eye-Bank is to stimulate an interest in research work on blindness resulting

from corneal damage, for which fellowships and scholarships are to be established and distributed to qualified institutions throughout the country where this work can be performed.

Family Service Association of America (1911); name changed in 1946 from Family Welfare Association of America; 122 East 22d St., New York 10; Frank J. Hertel, General Director.

Membership: Individuals, lay and professional, 650; organizations, 230 local voluntary and governmental family service agencies.

Purpose and Activities: To promote the development of family social work and of wholesome family life in the United States and Canada through the following means: field work with governmental and voluntary family service agencies, assistance in development of qualified personnel in family case work, information service on family social work problems, public interpretation of the family service movement, and publications for professional social case workers and the layman.

Periodicals: Highlights (official channel of communication for the membership), monthly except August and September, \$1.00 a year; Journal of Social Casework, monthly except August and September, \$2.75 a year.

Farm Foundation (1933); 600 South Michigan Ave., Chicago 5; Frank W. Peck, Managing Director.

Purpose and Activities: To encourage and develop cooperative effort and community organization and consciousness as means for improving the economic, social, educational, and cultural conditions of rural life; to stimulate and conduct research and experimental work for the study of any economic, social, educational, or scientific problem of importance to any substantial portion of the rural population of the country; to encourage, aid, or finance the conduct of any such research or experimental work; to disseminate educational and useful information in such manner as to be of practical value to the farming population; and to promote and enlarge the intellectual and cultural interests and opportunities of the rural population through community action. Special attention is being given to land tenure, rural education, and the means of improving the medical care of rural people.

Federal Council of the Churches of Christ in America, Inc. (1908); 297 Fourth Ave., New York 10; Dr. Samuel McCrea Cavert, General Secretary.

Membership: 25 denominations and communions.

Purpose and Activities: To secure effective coopera-

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tion among the Protestant churches in local, state, and national areas; to develop a spirit of larger unity; and to serve as a center through which the churches can deal unitedly with the social, interracial, and international problems of common concern. Among the Council's departments are the following: Christian Social Relations, Race Relations, and Research and Education. The first-named department administers the Church Conference of Social Work. The Council's Commission on the Churches' Ministry to Returning Service Men and Women has as its function the coordination of the work of the churches' parish ministry to returning service men and women, and the maintenance of liaison relations between the churches and national veterans' organizations. Its Commission on Religion and Health works in the field of mental health from the standpoint of the churches.

Periodicals: Information Service, weekly, \$2.00 a year; Federal Council Bulletin, monthly, \$1.00 a year.

Folk Arts Center, Inc. (1928); 11 Middagh St., Brooklyn 2, N. Y.; Ruth Burchenal, Secretary.

Membership: Individuals, 300, including representatives of organizations and informal groups interested in folk arts.

Activities: The Center provides a service for folk arts in the United States, including folk dancing, music, and related folk lore. Its activities include visual education through loan exhibitions assembled and held at the Center, research in the field of American folk arts, folk dancing and music, lectures and demonstrations, a national information bureau and reference service, a reference library and archive, and a reference museum. Thirty-six regional representatives supply the Center with data regarding folk arts in various sections of the country. The Center is the joint headquarters of its National Committee on Folk Arts of the United States, under whose guidance it functions, and the American Folk Dance Society, listed separately in this section of the DIRECTORY OF AGENCIES, which serves as its Division of Folk Dance and Music.

Food for Freedom, Inc. (1943); 1102 11th St., NW., Washington 1, D. C.; Harold Weston, Director.

Membership: Individuals, 250.

Purpose and Activities: To forward human well-being and lasting peace by stimulating the production and equitable distribution of food and related essentials so as to rehabilitate through international methods the peoples afflicted by food shortages, while protecting the legitimate interests and needs of our own citizens. An independent educational committee of American citizens, Food for Freedom

has no local chapters and operates by providing information for some 127 national and 45 local organizations, press, radio, and the general public. It analyzes and interprets existing or proposed legislation concerning food and relief, but does not itself exert pressure on Congress. It does attempt to influence national administrative food and relief policies, and is also concerned about American agricultural patterns as they affect our domestic economy, believing that adequate nutrition should be provided for the third of our population which has been underfed.

Periodical: Food for Freedom Weekly News Service, \$3.00 for 6 months.

Ford Foundation (1936); Buhl Bldg., Detroit 26; B. J. Craig, Secretary and Treasurer.

Purpose: To receive and administer funds for scientific, educational, and charitable purposes, all for the public welfare.

Foster Parents' Plan for War Children, Inc. (1938); 55 West 42d St., New York 18; Edna Blue, Executive Chairman.

Purpose and Activities: To help children suffering as a result of the war. The organization does not give mass relief but helps individual children in the way most needed. Children are cared for in foster-parent institutions, their own homes, other homes, or other institutions. The program is in operation in Belgium, England, France, Holland, Italy, and Malta. A child may be sponsored by the contribution of \$180 a year, paid in monthly instalments. The organization has prepared a text book for social workers, War and Children, by Miss Anna Freud, which is used in colleges and training schools in this country.

Periodical: Reports on Children in Concentration Camps, monthly, \$10 a year.

Friends General Conference, Peace and Service Committee (Quakers) (1900); 1515 Cherry St., Philadelphia 2; Esther Holmes Jones, Chairman.

Membership: 142 local Friends Meetings.

Activities: The Committee promotes educational activities among the local Friends Meetings of the General Conference in peace and international relations, race relations, child welfare, temperance, and other issues of social significance.

General Commission on Army and Navy Chaplains (1917); 1137 Woodward Bldg., Washington 5, D. C.; Thomas A. Rymer, Director.

Membership: Individuals, 178; organizations, 29 national church bodies.

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Activities: The Commission is the official cooperative agency representing evangelical churches of the United States for certifying ministers to the government for service as chaplains, for strengthening the ties between chaplains and the churches to which they belong, for serving as liaison between the churches and the government in matters affecting the spiritual welfare of men in service, and for ministering to the spiritual needs of servicemen. In April, 1946, the Commission was merged with the Service Men's Christian League, with the continuing organization retaining the Commission's name.

Periodicals: The Chaplain, monthly, \$2.00 a year; The Link, monthly, \$1.50 a year; both free to Protestant chaplains in the service.

General Education Board, Inc. (1902); 49 West 49th St., New York 20; W. W. Brierley, Secretary.

Purpose and Activities: To promote education within the United States without distinction of race, sex, or creed. The program of the Board is restricted, in the main, to education in the southern states. The Board has undertaken a large-scale research project dealing with the economic and social problems of rural areas of the South.

General Federation of Women's Clubs (1890); 1734 N St., NW., Washington 6, D. C.; Mrs. LaFell Dickinson, President.

Membership: Individuals, approximately 3,000,000; clubs and organizations (junior and senior), approximately 17,500 in the 48 states, District of Columbia, Alaska, other United States possessions, and 26 foreign countries.

Activities: The work of the organization is carried on through the following departments: American Citizenship, American Home, Education, Fine Arts, Legislation, Peace Service, Postwar Planning, and Public Welfare. Major programs are directed toward conservation of youth; establishment of central service centers for veterans in every community; promotion of goodwill among the women of the world through letter contact and cultural exchange; and support of the United Nations and related international organizations in such fields as relief, education, health, and trade.

Periodical: The General Federation Clubwoman, monthly, \$1.00 a year.

Girl Scouts (1912); 155 East 44th St., New York 17; Mrs. Paul Rittenhouse, National Director.

Membership: Individuals, 1,109,722; organizations, 1,521 local councils.

Purpose and Activities: To provide for the girls of the United States democratic group activities car-

ried on in accordance with a world-wide code of personal ethics (the Girl Scout Promise and Laws). The program is planned to offer girls practical training in homemaking, the arts, outdoor life, preparation for jobs, citizenship, service, and international friendship. The current theme of Girl Scouting is "Citizenship in Action Around the World," and to this end the organization is directing its training toward the building of better citizens. Girl Scouts throughout the United States are active in community service and are helping to feed and clothe the Girl Scouts and the Girl Guides in the rest of the world who have been made destitute by the war.

Periodicals: American Girl Magazine, monthly, \$2.00 a year; Girl Scout Leader, monthly, 50 cents a year in the United States and possessions, 75 cents a year in other countries.

Girls' Friendly Society of the United States of America (1877); 386 Fourth Ave., New York 16; Mrs. Helen Gibson Hogue, Executive Secretary.

Membership: Individuals, approximately 26,000; organizations, 900 branches in 44 states.

Purpose and Activities: To develop character and provide friendship for girls from 7 to 21 years of age of every race and creed, through a flexible program of recreation, service, work, and worship adapted to community and group needs. The organization is sponsored by the Episcopal Church.

Periodical: News Sheet: Highlights, 8 issues yearly, free.

Girls Service League of America (1908); 138 East 19th St., New York 3; Mrs. Gladys H. Taylor, Secretary and Executive Director.

Purpose and Activities: To furnish case work services, psychiatric consultation, group work, and recreation; to provide temporary residence on a study home basis; and to provide semisupervised residence for business girls and students. Girls between 14 and 22 years of age are accepted for admission on a case work basis. The League is nonsectarian.

Goodwill Industries of America, Inc. (1910); name changed in 1946 from National Association of Goodwill Industries, Inc.; 744 North 4th St., Milwaukee 3; Oliver A. Friedman, Executive Secretary.

Membership: Organizations, 93 local.

Purpose and Activities: To encourage the establishment and development in various centers of Goodwill Industries for the religious, cultural, educational, social, industrial, and economic welfare of the handicapped. The organization develops and assists in maintaining standards in the operation of industrial, social service, religious, and other activi-

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ties of Goodwill Industries; conducts research in the interest of providing increased service for the handicapped and increasing the usefulness of discarded materials; conducts a regular exchange service of information and reports; seeks to prevent duplication, encouraging cooperation and mutual understanding among Goodwill Industries and similar organizations; and develops public opinion in the interest of helping handicapped people help themselves. The organization is interdenominational and nonsectarian and works in close cooperation with the Department of Goodwill Industries, with which many of its members are affiliated. The Department functions under the Board of Missions and Church Extension of the Methodist Church.

Governmental Research Association
(1914); 30 Rockefeller Plaza, New York 20;
G. Gordon Tegnell, Secretary.

Membership: Individuals, 300 research workers professionally engaged in governmental research work, representing approximately 200 citizen-supported research agencies serving municipalities, states, and the national government.

Purpose and Activities: To further the establishment of local governmental research and taxpayer and civic agencies; to aid and coordinate the activities of such citizen agencies; to encourage the development and use of effective organization and methods for the administration and operation of government; and to facilitate the exchange of ideas and experiences and to serve as a clearinghouse for members. The Association holds an annual conference, distributes the Special Pamphlet Series and the Special Bulletin Series, and prepares annually a directory of governmental research agencies in the United States. Each year the Association conducts a competition to select the most noteworthy piece of research completed by a member in the preceding 12 months. Together with several citizen agencies the Association sponsors a series of resident fellowships available to candidates for advanced degrees in government and political science. Other activities include the facilitation of the exchange of research bureau publications among members, the answering of inquiries from governmental research workers, and assistance to citizen committees and other organizations interested in the establishment of permanent governmental research agencies in cities and states where no such work is carried on.

Periodicals: GRA Notes and References, monthly, \$3.00 a year; Annual Conference Proceedings, \$2.00 a copy; GRA Directory, annually, \$1.00 a copy.

Group Health Federation of America, Inc. (1940); 2000 Main St., Little Rock, Ark.; Dr. M. D. Ogden, President.

Membership: Organizations, 15 local.

Purpose: To promote health plans providing good medical care to people of moderate means at a cost which they can afford and on a basis allowing them to pay their own way without resort to charity; to establish and maintain among its members high standards of personal medical care; and to unify and coordinate the activities of member groups, including the exchange of experience and information, so that each may benefit from the knowledge gained by others.

Hadley Correspondence School for the Blind, Inc. (1922); 620 Lincoln Ave., Winnetka, Ill.; Dorrance C. Nygaard, Director.

Purpose and Activities: To rehabilitate and educate culturally and vocationally the adult blind. The School offers instruction in the reading of Braille, and study courses in Braille by correspondence to those adults who wish to continue their education at home. These courses include grade school and academic courses, high school work, and a few vocational and college courses. The college courses are offered through cooperation with the Home Study Department of the University of Chicago. The service offered is primarily for the adult blind of North America. The School does not encourage enrollment from those who should be in resident schools for the blind. No charge is made for the courses or for the use of books lent to students.

Harmon Foundation, Inc. (1922); 140 Nassau St., New York 7; Mary Beattie Brady, Director.

Purpose and Activities: To promote the well-being of mankind, through stimulating self-help. The Foundation does not make grants but engages in speculative pioneering humanitarian projects which give promise of rendering a constructive contribution to public well-being; studies student aid procedure; and experiments with the making and distributing of educational, religious, and socially useful still and motion pictures, and other visual aids designed for creative use. A consultation service on visual expression techniques is available for public welfare agencies, and educational and church groups. A film library and leasing service is maintained and training in visual production research and filming procedures is available by arrangement, with special attention to graduate foreign students. The Foundation is concerned with Negro achievement with particular reference to art. It has sponsored the portrait collection of outstanding Americans of Negro origin and other exhibits. The Foundation has assisted in establishing approximately 125 permanent play areas in the United States, and maintains an information and advisory service regarding the problems incident to the establishment of permanent recreation space.

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Hayden — Charles Hayden Foundation, Inc. (1937); 85 Water St., Boston 7; J. Willard Hayden, President.

Purpose: To assist needy boys and young men; to aid clubs, gymnasiums, and recreation centers in this country for the training and development of boys and young men; and to place within the reach of boys and young men the privilege of education, mental recreation, wholesome educational entertainment, and coordinated physical training.

Hebrew Sheltering and Immigrant Aid Society (1911); 425 Lafayette St., New York 3; Isaac L. Asofsky, Executive Director.

Membership: Individuals, approximately 75,000.

Purpose: To facilitate lawful entry of Jewish immigrants in the United States and in other immigration countries; to provide them with temporary shelter, food, and other aid as may be found necessary; to guide them to their destinations; to help them obtain employment; and to maintain offices abroad for the protection of those desiring to emigrate.

Periodical: Rescue, monthly, free.

Home Missions Council of North America (1940); 297 Fourth Ave., New York 10; Edith E. Lowry and Mark A. Dawber, Executive Secretaries.

Membership: Organizations, 41 home mission and church extension boards of 23 denominations.

Purpose and Activities: To provide a clearinghouse for Protestant home missions and church extension boards and societies; and to promote fellowship, conference, and cooperation among constituent groups. Among the Council's special interests are services to migrants, Indians, sharecroppers, and those employed on government construction projects.

Hospites (1933); 147 Avenue B, New York 9; Lillie M. Peck, Secretary.

Activities: The organization has extended friendly help to colleagues abroad and to those who have come to this country. It facilitates introductions between social workers abroad and in the United States; furnishes names and addresses of European social workers to whom packages and letters will be welcome; and receives funds to be expended by the Swiss Association of Social Workers in providing vacations for European social workers who are ill or have suffered severely as a result of the war, and in carrying out a program to be adapted to the needs of Chinese social workers. Hospites is sometimes called by its subtitle, American Social Workers Hospitality Group.

Immigrants Protective League (1908); 537 South Dearborn St., Chicago 5; Mrs. Kenneth F. Rich, Executive Director.

Membership: Individuals, 500; organizations, 20 local.

Activities: The League acts as a bureau of general information on immigration and naturalization problems; takes up matters connected with the more complicated processes of immigration and emigration, including detention, temporary permits, immigration students, refugees, admission on bond, adjustment of immigration status, repatriation, expatriation, deportation, assistance with naturalization and citizenship, and the execution of documents; does protective work among the foreign born, especially as it is involved in the adjustment of attempted exploitation or discrimination or other difficulties met by newcomers in the United States, such as those arising under the federal system of alien registration; and works for the enrollment of the foreign born in English and citizenship classes. It is active principally in the Chicago territory. Through its foreign correspondents, the League deals with problems of separated families. Its radius of work, especially in the postwar problems of displaced persons, extends far beyond Chicago into other states and other countries abroad.

Indian Rights Association, Inc. (1882); 301 South 17th St., Philadelphia 3; Chester E. Faris, General Secretary.

Membership: Individuals, approximately 1,200.

Purpose and Activities: To promote the spiritual, moral, and material welfare of the Indians of the United States, and the protection of their legal rights, particularly the rights already guaranteed to them by treaty and statutes of the United States; and to secure such further rights as circumstances may justify. The Association makes frequent visits to Indian reservations as a basis for developing public sentiment, informing Congress on legislative needs, and establishing a better understanding between the Indians and the U. S. Office of Indian Affairs concerning existing conditions and administrative action required.

Periodical: Indian Truth, monthly except July, August, and September, \$2.00 a year.

Industrial Health Conservancy Laboratories (1920); 10 Peterboro St., Detroit 1; Dr. Carey P. McCord, Medical Director.

Purpose and Activities: To carry on research in the field of industrial medicine and industrial hygiene, particularly in relation to occupational diseases. Services such as field investigations, laboratory research, and consultations are rendered on a fee basis to industry and other organizations concerned with the problems of industrial hygiene, including trade

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associations, medical societies, compensation boards, and others.

Industrial Relations Counselors, Inc.
(1926); Room 2015, 1270 Sixth Ave., New York 20; T. H. A. Tiedemann, Director.

Purpose and Activities: To advance the knowledge and practice of human relationships in industry, commerce, education, and government. To this end the organization carries on research in industrial relations, makes confidential surveys of the labor policies and methods of individual companies at their request, offers consulting service, gives an annual training course for executives in industrial relations, and maintains a specialized library. Research studies are conducted on particular problems of industrial relations. The studies published deal with economic factors affecting industrial relations policy, profit sharing, and wage administration, including job analysis and evaluation; maintenance of union membership; industrial and trade union pension systems; unemployment compensation; and the administration of public employment services in the United States and other countries. The organization operates on a nonprofit basis.

Institute of Adult Education (1941); 525
West 120th St., New York 27; Morse A. Cartwright, Executive Officer.

Purpose and Activities: To conduct an intensive study of the opportunities, problems, materials, and methods of adult education; and to assist in the training of leaders and workers in the field of adult education. The Institute issues publications on an experimental basis for the instruction of adults on various educational levels. It is carrying forward much of the research and study program formerly conducted by the American Association for Adult Education. In 1942 the Institute published the pamphlet, *Suggested Studies in Adult Education*, and a report of the Commission on Post-War Training and Adjustment, appointed by the Institute. Two sequels to this report have been issued—*Marching Home: Educational and Social Adjustment after the War* (1944) and *Adult Adjustment: A Manual on the Coordination of Existing Community Services and Operation of Community Adjustment Centers for Veterans and Others* (1945).

Periodical: Film Forum Review, quarterly, \$1.00 a year (published in cooperation with the National Committee on Film Forums).

Institute for the Crippled and Disabled
(1917); 400 First Ave., New York 10; Col. John N. Smith, Jr., Director.

Purpose and Activities: To study the economic consequences of physical disability and methods and

ways of alleviating them, by discovering means of enabling the crippled and disabled to earn a living and live a normal life; and to afford advice to organizations and individuals seeking to set up such programs and facilities for the rehabilitation of handicapped persons. The Institute gives direct service covering all the professional processes of rehabilitation to persons very seriously disabled through cardiac and orthopedic disorders. Its facilities include a technical library of some 30,000 pamphlets and volumes. It cooperates with universities in providing practicum training for graduate students and since 1942 it has provided orientation courses for medical-physical, psychiatric, social work, psychological, vocational guidance, educational, and other professional personnel of the Army Air Forces, Army Service Forces, Canadian Army, Department of Veterans Affairs (Canadian), U. S. Veterans Administration, and voluntary organizations engaged in the rehabilitation programs of these agencies for very seriously disabled veterans and civilians. Over 1,100 persons have attended such courses. In 1944 it received a grant to extend its research activities in the field of rehabilitation and for the publication of results. It has presented a program to the Veterans Administration, including architectural plans, for the establishment of facilities properly to serve the very seriously disabled veterans. It advises and cooperates with the many communities and agencies, local and national, which seek to arouse interest in the establishment of facilities over the country.

Periodical: Thumbs Up, occasional issues, free.

Institute of Ethnic Affairs (1945); 1719
K St., NW., Washington 6, D. C.; John Collier, President.

Membership: Individuals, 231.

Purpose and Activities: To find and to achieve solutions to problems within and between white and colored races, cultural minority groups, and dependent peoples at home and abroad. The Institute is an action-research organization which seeks through compilation, interpretation, and publication of data, to bring opportunity through self-help to underprivileged ethnic groups, to discover ways of transferring authority to dependent peoples, and to assist such people to achieve truly democratic self-government. All ethnic and minority groups are included in the Institute's scope of interest. Projects concerning Spanish-speaking peoples in the United States, the Indians of the hemisphere, and exclusionary racism have been started. Current efforts are being concentrated on colonial problems of the world, with special research on American dependencies and former Japanese mandated islands.

Periodical: News Letter, monthly.

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Institute for Intercultural Studies, Inc. (1944); 15 West 77th St., New York 24; Gregory Bateson, Secretary.

Membership: Individuals, 650.

Purpose and Activities: To promote such understanding of the cultural differences between the great nations as may be applied to the construction of world order following the war. The Institute serves as a clearinghouse for research and theoretical contributions to understanding of national character. It applies anthropological and psychological techniques to these problems and reviews relevant literature. Under the leadership of the Institute, techniques for the rapid analysis of contemporary great civilizations by the use of living informants, have been developed and applied. It circulates this material within a small group of scientific collaborators and a larger group of those who are making applied use of such materials, in governmental and voluntary organizations. The Institute is chiefly concerned with cross-cultural relations, but also with American minorities and problems of assimilating members of foreign cultures in ways which will enrich American culture.

International Association of Governmental Labor Officials (1914); Bureau of Labor Statistics, U. S. Department of Labor, Washington 25, D. C.; A. F. Hinrichs, Secretary-Treasurer.

Membership: Organizations, 34 state labor departments, 9 federal agencies, and 5 Canadian labor departments.

Purpose: To act as a medium for the exchange of information for and by the members of the organization; to secure better legislation for the welfare of women and children in industry and for labor in general; to promote greater uniformity in labor law enforcement; to promote greater safety to life and property; and to correlate more closely the statistical and other activities of the federal, state, and provincial departments of labor.

International Association of Industrial Accident Boards and Commissions (1914); Division of Labor Standards, U. S. Department of Labor, Washington 25, D. C.; Verne A. Zimmer, Secretary-Treasurer.

Membership: Active members, 4 federal and 46 state and provincial agencies; associate members, 32 companies.

Purpose: To bring together officials who administer workmen's compensation laws to consider the following: standardized methods for preventing accidents; medical, surgical, and hospital treatment for injured workers; means for re-education of injured workmen and their restoration to industry; methods of computing industrial accident and sickness insur-

ance costs; practices in administering compensation laws; extensions and improvements in workmen's compensation legislation; and reports and tabulations of industrial accidents and illness.

Periodical: Proceedings, published annually by the U. S. Department of Labor.

International Association of Public Employment Services (1913); 1242 West 3d St., Cleveland 13; B. C. Seiple, Secretary-Treasurer.

Membership: Individuals, approximately 16,000.

Purpose: To advance the ideals, progress, and policies of the public employment service through cooperation and discussion.

Periodicals: Employment Forum, quarterly, 50 cents a copy (P.O. Box 1530, Dallas, Tex.); Annual Report of Convention Proceedings, to members only.

International Conference on Social Work (1926); 82 North High St., Columbus 15, Ohio; Howard R. Knight, Secretary General.

Membership: Individuals, approximately 1,500.

Purpose and Activities: To bring social workers together from all countries in order to cooperate in improvement of the methods of social work and its development throughout the world. The Conference operates through constituent national committees organized for each conference and varying in number. Conferences have been held in Paris, 1928, in Frankfurt, 1932, and in London, 1936. The meeting scheduled for 1940 in Brussels was cancelled because of war conditions. A meeting is planned for 1948 in the United States.

Periodical: Proceedings, in English, French, and German, quadrennially.

International Council of Religious Education (1922); 203 North Wabash Ave., Chicago 1; Roy G. Ross, General Secretary.

Membership: Organizations, 40 Protestant evangelical denominations and 31 state councils of churches of religious education, representing 90 per cent of Protestantism in North America.

Activities: These include the administration of leadership education schools, the preparation of lesson outlines and of basic documents in curriculum, and the holding of summer camps and conferences. The annual meeting of the Council and its 16 professional advisory sections and one lay advisory section affords an opportunity for professional workers from all parts of the United States and Canada to exchange experiences and make plans for cooperation. The United Christian Youth Movement and the United Christian Adult Movement are

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administered by the Council. Part of their programs are devoted to social education and social action.

Periodical: International Journal of Religious Education, monthly except August, \$2.00 a year.

International Federation of Catholic Alumnae (1914); 22 East 38th St., New York 16; Mabel Wingate, President.

Membership: Individuals, approximately 250,000; state chapters, 40.

Purpose and Activities: To bring together the members of the alumnae associations of Catholic high schools, colleges, and universities for the purpose of upholding the ideals of Catholic womanhood; and to extend Catholic education, literature, motion pictures, and social service. Its Motion Picture Department is the official reviewing agency for the National Legion of Decency.

Periodical: Quarterly Bulletin, \$1.00 a year.

International Industrial Relations Institute (1925); The Hague, Holland; 130 East 22d St., New York 10; Mary L. Fledderus, Director; Mary van Kleeck, Associate Director for the United States.

Membership: Individuals from different nations and regions of the world whose industrial experience and study qualify them to share in the Institute's activities; associate members, individuals who, though lacking technical industrial experience, nevertheless seek to share in understanding society's basic problems of production for living standards, especially in their international aspects.

Purpose and Activities: To study and promote satisfactory human relations and conditions in all industry. The Institute provides opportunities for study and for interchange of thought and working experience through international correspondence, publications, and conferences. It aims to create an informed and responsible public opinion. Its post-war program is focused upon research and study of conditions affecting productive human energy; and the technological basis for socially desirable industrialization in the interest of national development.

International Migration Service, Inc., American Branch (1924); 122 East 22d St., New York 10; Ruth Larned, Director.

Purpose and Activities: To render service through cooperative effort to individuals whose problems have arisen as a consequence of migration and the solution of which involves action in more than one country; and to study from an international standpoint the conditions and consequences of migration in their effect on individual, family, and social life. The Service cooperates in its international case work

service with agencies in fields which include family welfare, public welfare, child welfare and protection, legal aid, medical social service, delinquency, and protection to aliens. Cooperation is also established with courts, federal and state departments, American Red Cross chapters, agencies under religious auspices, and foreign consulates.

International Order of The King's Daughters and Sons (1886); 144 East 37th St., New York 16; Kate C. Hall, Executive Secretary.

Membership: Individuals, approximately 60,000, with 7 countries represented.

Purpose and Activities: To develop spiritual life and stimulate Christian activities. The Order maintains homes for the aged, homes for children, summer camps, hospitals, and other welfare institutions; and carries on educational activities.

Periodical: Silver Cross, monthly except July and August, \$1.00 a year.

International Rescue and Relief Committee, Inc. (1942); 103 Park Ave., New York 17; Sheba Strunsky, Executive Secretary.

Purpose and Activities: To aid victims of fascist oppression with food, clothes, medical care, and cash allotments; and to provide help through migration and resettlement projects and, in certain countries, through educational and retraining programs. Relief is administered in Belgium, France, Germany, Holland, Italy, Mexico, Sweden, Switzerland, and Turkey. Special emphasis is now placed on resettlement and vocational retraining programs. The Committee's projects include clinics, canteens, children's rest homes, and recuperation centers.

Interstate Conference of Employment Security Agencies (1937); Federal Security Agency, 4th St. and Independence Ave., SW., Washington 25, D. C.; Joseph W. Hathcock, Executive Secretary.

Membership: Organizations, 48 state, 2 territorial, and District of Columbia.

Purpose: To improve the effectiveness of unemployment compensation laws and to promote employment security through the placement of unemployed workers, stabilization of employment, and the payment of unemployment benefits; to promote the study, development, and use of proper and efficient methods of administration; to encourage the cooperation of the several state unemployment compensation agencies in the conduct of fundamental research into the basic causes of unemployment in the various industries and trades of the United States; and through study and research to propose new legislation, both state and federal, in the basic field of employment security.

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Periodicals: Proceedings of national and regional meetings.

Japanese American Citizens League (1930); Beason Bldg., Salt Lake City 1; Mike Masaoka, National Secretary.

Membership: Individuals, approximately 10,000; organizations, 17 state and 50 local.

Purpose: To promote the welfare of persons of Japanese ancestry in the United States and to defend their legal and other rights; to encourage the participation of persons of Japanese ancestry in civic and community activities; to inform the public at large as to the hopes and aspirations, as well as the wartime record, of persons of Japanese ancestry; and to correct mistaken impressions, information, and fears regarding those of Japanese descent.

Periodicals: Pacific Citizen, weekly, \$3.00 a year; JACL Reporter, monthly, for members only.

Jewish Agricultural Society, Inc. (1900); 386 Fourth Ave., New York 16; Gabriel Davidson, Managing Director.

Membership: Individuals, 40.

Purpose and Activities: To encourage farming among Jews. The Society advises on purchase of farms, grants farm loans, maintains an advice bureau on agricultural and kindred matters, sends out itinerant farm instructors, maintains a purchasing service bureau, awards scholarships and grants student loans, publishes an agricultural magazine in Yiddish, conducts agricultural classes, and maintains a rural sanitation service and a farm employment agency. Branch offices are maintained in Chicago and Los Angeles.

Periodical: Jewish Farmer, monthly, 75 cents a year.

Jewish Occupational Council (1939); 1841 Broadway, New York 23; Eli E. Cohen, Executive Director.

Membership: Organizations, 12 national and 20 local.

Purpose and Activities: To act as a clearinghouse for all Jewish organizations engaged in occupational guidance, placement, training, and anti-discrimination work; to provide these agencies with occupational information and to cooperate with them in research projects; and to guide Jewish communities or organizations that may request assistance in establishing or improving occupational services. The Council's activities include field service, central statistical reporting service, conferences and meetings, employment service for professional personnel, research and information service, liaison service on behalf of member organizations with federal agencies concerned with employment and vocational adjustment problems, and a publications program.

Periodical: Jewish Occupational Bulletin, quarterly.

Joint Committee of Trade Unions in Social Work (1934); 10th Floor, 1860 Broadway, New York 23; Joseph H. Levy, Chairman.

Membership: Individuals, 12,000; organizations, 2 national and 46 local.

Purpose and Activities: To protect and improve the economic interest of its members, and to advance the standards of the profession of social work and its services to the community and the nation. The Committee serves to coordinate the activities of the social service locals of the United Office and Professional Workers of America and the public welfare locals of the United Public Workers of America. These two unions, affiliates of the Congress of Industrial Organizations, include in their membership workers of all categories in governmental and voluntary health and welfare agencies. Its primary activity is in connection with the National Conference of Social Work where it conducts meetings, holds conferences, offers consultation services, and distributes literature.

Junior Achievement, Inc. (1926); 345 Madison Ave., New York 17; George O. Tamblin, Jr., Executive Vice President.

Membership: Individuals, approximately 10,000 Achievers, and 100,000 stockholders in 831 organized companies.

Purpose and Activities: To furnish leadership and direction for leisure time to young people 14 to 21 years of age, organized in small groups called companies. The companies engage in small manufacturing or servicing enterprises in which the young people gain experience in business procedure, buying and selling, marketing, management, wages, and cost. The organization works with social, educational, and business agencies in the community to provide practical knowledge and experience in business procedure.

Kellogg — W. K. Kellogg Foundation (1930); Battle Creek, Mich.; Dr. Emory W. Morris, President and General Director.

Purpose and Activities: To promote the health, education, and welfare of mankind, but principally of children and youth, without regard to sex, race, creed, or nationality. Its activities in the health field include grants to universities to enlarge and extend their facilities for instruction in medicine, dentistry, and nursing to meet the needs of returning service men and women; subsidies for the national study of hospital resources and needs and the Michigan community health study, and to field training centers for public health personnel in the United States and Canada; scholarships for gradu-

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ate study in the United States to physicians from other North and South American countries and to members of the medical faculty of the war-devastated University of the Philippines; development of graduate courses in hospital administration; and promotion of X-ray and diagnostic laboratory facilities in small hospitals. In the educational field the Foundation subsidizes certain year-round school camps, a community school service project, and an educational program for school librarians and library trustees; and supports a continuation education center, a 3-year cooperative program of health education by the state departments of education and health in 28 states, and a rural editorial service providing material on rural life and education to state education association journals.

Knights of Columbus (1882); 45 Wall St., New Haven 7; Joseph F. Lamb, Supreme Secretary.

Membership: Individuals, 584,496; organizations in the United States, Canada, and other countries, 61 state and 2,566 local.

Purpose and Activities: To render pecuniary aid to members and their dependents, and assistance to sick and disabled members; to promote social and intellectual intercourse among members; and to promote and conduct educational, charitable, religious, social welfare, war relief, and welfare and public relief work. Among major activities, it operates as a fraternal benefit society, conducts correspondence schools for members, and is engaged in boys' work, sponsoring the Columbian Squires. It is a Catholic organization. In 1944 it instituted a scholarship fund for children of Knights of Columbus members who died in service during World War II, or who may die or become totally and permanently disabled from war causes within 10 years from the time that the war ended.

Periodicals: Weekly News Sheet; Columbia, monthly, 60 cents a year; Columbian Squires Herald, monthly, 25 cents a year.

Kresge Foundation, The (1924); 2727 Second Blvd., Detroit 32; Amos F. Gregory, Secretary.

Purpose and Activities: To promote eleemosynary, philanthropic, and charitable means of any and all of the means of human progress, whether they be for the benefit of religious, charitable, benevolent, or educational institutions or public benefaction of whatever name or nature; and to use as a means to that end research, publication, the establishment and maintenance of charitable, benevolent, religious, missionary, and private educational activities, agencies, and institutions already established, and any other means and agencies which, from time to time, shall seem expedient to the trustees. Grants have been made in the following fields: child wel-

fare, education, medicine and public health, music, religion, and social welfare.

Labor League for Human Rights, A.F. of L. (1938); Room 801, 10 East 40th St., New York 16; Abraham Bluestein, Executive Director.

Activities: The League is the community relations arm of the American Federation of Labor, of which it is an integral part. It cooperates with welfare organizations in promoting health, welfare, recreation, and fund raising in 900 American communities. A.F. of L. unions and members have raised an estimated \$140,000,000 since 1942 through the program of the League.

Periodical: Labor League News, monthly, free.

Labor Research Association (1927); 80 East 11th St., New York 3; Robert W. Dunn, Secretary.

Purpose and Activities: To conduct investigations and studies of social, economic, and political questions in the interest of the labor movement; to publish its findings in articles, leaflets, pamphlets, and books; and to conduct an information and fact-finding service for various labor papers and trade unions. Activities include a series of studies of conditions in specific industries, such as mining, lumber, clothing, automobiles, steel, leather, agriculture, and textiles; direction of such economic studies as *Rulers of America*, *Why Farmers Are Poor*, and *The South in Progress*; and the editing of the biennial *Labor Fact Book* and the pocket-sized *Arsenal of Facts* (1938), *Youth Arsenal of Facts* (1939), and *Trade Union Facts* (1940).

Periodicals: Economic Notes, monthly, \$1.00 a year; Railroad Notes, monthly, 50 cents a year; Labor Fact Book, biennially, \$2.25 a copy.

League for Industrial Democracy (1905); 112 East 19th St., New York 3; Dr. Harry W. Laidler, Executive Director.

Membership: Individuals, approximately 2,000, including members in city chapters in Boston, Detroit, New York, Washington, and other cities and in college chapters in many American universities.

Purpose and Activities: To promote education in behalf of increasing democracy in our economic, political, and cultural life. The League sends lecturers to colleges, universities, and city groups throughout the country; organizes lecture courses and college and city branches for the discussion of social problems; conducts research work; arranges radio broadcasts and summer and winter conferences; publishes a pamphlet literature; and in other ways endeavors to stimulate thinking and constructive activity on problems of industrial democracy.

Periodical: L.I.D. Bulletin, quarterly.

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League of United Latin American Citizens (1929); 1014 National Bank of Commerce Bldg., San Antonio 5; M. C. Gonzales, National Executive Secretary.

Membership: Individuals, 2,000.

Purpose and Activities: To develop among the members of its race the best, purest, and most perfect type of a true and loyal citizen of the United States of America. The League is a national educational, civic, and patriotic organization devoted to raising the economic, social, cultural, and political levels of some 3,000,000 Latin-Americans residing in Arizona, California, Colorado, New Mexico, and Texas.

Periodical: LULAC News, monthly, \$1.00 a year.

League of Women Voters of the United States (1920); name changed in 1946 from National League of Women Voters; 726 Jackson Pl., Washington 6, D. C.; Anna Lord Strauss, President.

Membership: Affiliated state leagues, with local branches in 35 states and the District of Columbia.

Purpose and Activities: To promote the responsible participation of women in government. Activities of state and local leagues in the field of social work include study of standards of public responsibility for child welfare, legal and industrial standards for women, state and local organization for public health and public welfare, relief, housing, federal-state employment service, old age assistance, unemployment compensation, and support of necessary governmental policies or legislation.

Periodical: Trends, biweekly news service, \$1.00 a year.

Life Insurance Adjustment Bureau (1931); 450 Seventh Ave., New York 1; Louis L. Himber, Manager.

Activities: The Bureau is a national advisory agency maintained by the Metropolitan, Prudential, and John Hancock Life Insurance Companies. Its services are available without charge to governmental and voluntary social agencies, which may submit any question on a life insurance policy held by a client with any of the 3 companies listed above. The Bureau will answer specific questions relating to a policy and offer any changes necessary to bring the policies within the regulations established by the agencies while at the same time giving the insured maximum protection at minimum cost. The Bureau is managed by a former public welfare worker under the direction of a managing committee from the Companies, and functions under an Advisory Committee of the Family Service Association of America. It makes available to social

agencies the forms upon which the policies are listed and reported to the Bureau. It has published *Life Insurance: A Handbook for Social Workers*, which is available to social workers on request without charge.

Lutheran Charities, Associated (1901); 115 Glenwood Ave., Buffalo 8; Rev. H. F. Wind, President.

Membership: Organizations, 85 missionary and charitable agencies within the Evangelical Lutheran Synodical Conference.

Activities: The organization functions in an annual social work institute sponsored by Valparaiso University, and in annual regional conferences. It seeks to foster city mission and social work within the Synodical Conference and to raise the standards of work performed by the individual agencies. Through its Committee on Child Care the organization offers its services in the making of surveys, and through its Committee on Hospitals performs similar services for hospitals.

Periodical: The Good News, 12 issues yearly, 40 cents a year.

Lutheran Church in America, United, Board of Social Missions (1918); 231 Madison Ave., New York 16; Dr. C. Franklin Koch, Executive Secretary.

Purpose and Activities: To stimulate in all congregations of the United Lutheran Church active interest and participation in personal evangelism and in Christian service, both in the areas of prevention and cure; and to arouse the Christian consciences of members as to the perplexing social problems which hamper society to the end that they may seek the Christian way out. The Board encourages the organization of Inner Mission societies, establishes institutions of mercy and coordinates their work, trains Christian workers in both the fields of evangelism and merciful service, publishes literature, and conducts institutes to inform and advise the Church regarding its social obligations. Special activities are carried on for the deaf and the blind, immigrants, and seamen. Suggestions are given congregations to assist them in helping the returning servicemen to readjust to civilian life.

Periodical: Social Missions Quarterly, free.

Lutheran Conference, American, Commission on Social Relations (1934); 129 Washington St., Port Clinton, Ohio; Rev. Theo. J. Pretzlaff, Chairman.

Membership: 5 general church bodies.

Purpose: To make studies and investigations of so-

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cial trends and problems, to report to the biennial convention of the American Lutheran Conference thereon, and to make recommendations as to the position and action of the church in relation to these trends and problems.

Periodical: Proceedings of Biennial Convention, in The Lutheran Outlook.

Lutheran Council, National, Division of Welfare (1938); 231 Madison Ave., New York 16; Dr. C. E. Krumbholz, Executive Secretary.

Purpose and Activities: To promote the organization of Lutheran welfare agencies according to states or regions; to serve as the representative of national Lutheran welfare work before general and governmental agencies; to coordinate Lutheran efforts in meeting common needs in times of general disaster; to assist in the establishment of standards and improvements of Lutheran welfare work in all parts of the church; and to organize a general conference of Lutheran charities, coordinating various groups now organized and organizing new groups. The Council conducts a placement service for Lutheran agencies, and makes surveys and studies on a professional level of institutions and agencies. It represents 8 Lutheran church bodies.

Lutheran Welfare Conference in America (1920); 231 Madison Ave., New York 16; Dr. C. E. Krumbholz, Executive Secretary.

Membership: Individuals, 355; organizations, 104 national, state, and local agencies and institutions.

Activities: These include discussion, mutual consultation, and setting of standards for Lutheran social work. The Conference works toward the employment of professionally trained workers in the various fields of service. It is affiliated with the National Lutheran Council.

Periodicals: Quarterly Bulletin; Annual Proceedings of the Conference, 50 cents a copy.

McCormick — Elizabeth McCormick Memorial Fund (1908); 848 North Dearborn St., Chicago 10; Mary E. Murphy, Director.

Purpose and Activities: To promote the betterment of conditions of child life in the United States. Activities include the following: research relating to mental and physical growth; service and education in the fields of nutrition, child health and welfare, and parent education; consultant services on health education programs in schools; health supervision of children in family groups; maintenance of a program of direct service and consultation in the nursery school field; cooperation with social service agencies and children's institutions in promoting

standards for child care; studies and surveys of agencies and institutions concerning dietaries and child care programs; parent education and in-service training of personnel of children's agencies; maintenance of a reference and loan library; and the furnishing of lecturers for meetings and courses.

Maternity Center Association, Inc. (1918); 654 Madison Ave., New York 21; Hazel Corbin, Director.

Membership: Individuals, approximately 2,500.

Purpose and Activities: To improve maternity care through the following means: teaching the public what adequate maternity care is and why it is necessary; training graduate nurses in midwifery to prepare them to supervise the work of the present practicing untrained midwives; providing units in advanced maternity nursing for public health nurses and conducting refresher institutes in obstetrics for them; publishing handbooks on maternity care for nurses and expectant mothers and fathers; providing instruction in classes for expectant mothers and fathers and consultation for individuals with problems related to maternity and family living; publishing educational charts and posters for use with groups and for exhibit purposes; stimulating communities to make such care available to every mother at a price she can afford; helping to develop standards for each phase of maternity care through studying and revising the techniques and procedures used in the supervision, care, and instruction of mothers; and making these standards easily available to lay and professional workers.

Periodical: Briefs, 6 issues yearly, \$1.00 a year.

Medical Administration Service, Inc. (1941); 1790 Broadway, New York 19; Dr. Kingsley Roberts, Director.

Purpose and Activities: To study and report on methods of securing more and better health care and medical service for more people, on sound economic and professional bases. To this end the Service studies and reports on experiments all over the country, with devices to bring modern coordinated medical service to the American people at a cost which is within reasonable limits of their income. The Service cooperates with other agencies in the field of health and medicine in making available to communities and consumer groups the results and conclusions of these experiments. The primary objective at present is to disseminate information regarding medical group practice and assist in the formation of new groups. Details on organizational and professional procedures are furnished to physicians, especially demobilized ones, employers, and labor unions. Booklets and bulletins are issued at irregular intervals. The Service has taken

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over the work of the Bureau of Cooperative Medicine, which suspended operations at the end of 1940.

Methodist Church, Board of Hospitals and Homes of the (1940); 740 Rush St., Chicago 11; Karl P. Meister, Executive Secretary.

Membership: Individuals, 24; organizations, 174 local.

Purpose and Activities: To serve as a general advisory and correlating agency for Methodist philanthropic interest and institutions not affiliated with any other board of the Church, such as hospitals, homes for the aged, homes for children, and homes for youth. The Board has the power to make surveys, disseminate information, suggest plans for securing funds, maintain a personnel bureau, provide architectural data, and pass upon the validity and wisdom of accepting or rejecting institutions expecting approval or support of the Methodist Church. The Board formulates spiritual, financial, and scientific standards to protect the aims and ideals of the Methodist Church and encourages and assists institutions in attaining these standards.

Methodist Church, Board of Missions and Church Extension (1940); 150 Fifth Ave., New York 11; Dr. Earl R. Brown, Executive Secretary, Division of Home Missions and Church Extension; Dr. Ralph E. Diffendorfer, Executive Secretary, Division of Foreign Missions.

Purpose and Activities: To diffuse more generally the blessings of Christianity in every part of the world, by the promotion and support of all phases of missionary and church extension activity in the United States and other countries; to promote missionary intelligence, interest, and zeal through the Methodist Church; and to aid in Christianizing personal life and the social order in all lands and among all peoples. Its objectives are religious, philanthropic, and educational. The Board has the following divisions: Division of Foreign Missions; Division of Home Missions and Church Extension, including the Departments of Goodwill Industries, City Work, Town and Country Work, and Negro Work; Joint Division of Education and Cultivation; and Woman's Division of Christian Service. There is no central executive head to the organization; instead, the divisions are largely autonomous, each having its own executive officers. The former Board of Home Missions and Church Extension and the Woman's Home Missionary Society, both of the Methodist Episcopal Church, were among the organizations consolidating to form the new Board.

Periodicals: The Methodist Woman, monthly, 50 cents a year; World Outlook, monthly, \$1.25 a year; \$1.50 a year for both.

Methodist Federation for Social Service (Unofficial) (1907); 150 Fifth Ave., New York 11; Rev. Jack R. McMichael, Executive Secretary.

Membership: Individuals, 4,000; chapters, 45.

Activities: The Federation rejects the method of the struggle for profit as the economic base for society, and seeks to replace it with social-economic planning in order to develop a society without class distinctions and privileges. To this end, city and conference chapters of the Federation are set up for study and action throughout the Methodist Church, and literature to provide the basis for such study and action is published. Action letters on vital subjects go out several times a year to members.

Periodical: Social Questions Bulletin, monthly except July, August, and September, \$2.00 a year.

Methodist Hospitals and Homes, National Association of (1940); 740 Rush St., Chicago 11; Karl P. Meister, Executive Secretary.

Membership: Individuals, 250; organizations, 174 local.

Purpose and Activities: To encourage by voluntary association and action the development of better scientific and social standards for the operation of hospitals, homes for the aged, homes for children, and homes for youth; and to strengthen the aims and ideals of the Church. The Association meets in annual convention to discuss these standards and ideals.

Milbank Memorial Fund (1905); 40 Wall St., New York 5; Dr. Frank G. Boudreau, Executive Director.

Purpose and Activities: To improve the physical, mental, and moral condition of humanity, and generally to advance charitable and benevolent objects. The Fund assists governmental and voluntary agencies and institutions in the field of public health and medicine, education, social welfare, and research. Emphasis is given to activities which are preventive rather than palliative, and to the improvement of administrative procedures in public health.

Periodical: Quarterly, \$1.00 a year.

Motion Picture Research Council (1927); Stanford University, Calif.; Dr. Ray L. Wilbur, President.

Purpose and Activities: To carry on an educational program concerning the influence of motion pictures on children, and to stimulate community interest in the film as a constructive social influence. Research studies sponsored by the Council have been published under the titles Motion Pictures and

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Youth: The Payne Fund Studies, in 9 volumes, and Our Movie-Made Children, a popular summarizing volume. The Council has been temporarily inactive, but plans for its reorganization are under way.

National Association for the Advancement of Colored People (1909); 20 West 40th St., New York 18; Walter White, Secretary.

Membership: Individuals, approximately 550,000; branches, 900.

Purpose: To combat the spirit of persecution which confronts colored people and other minority groups in the United States; and to safeguard their civil, legal, economic, and political rights, and secure for them equality of opportunity with all other citizens.

Periodicals: The Crisis, monthly, \$1.50 a year; N.A.A.C.P. Bulletin, monthly except August, to members only.

National Association for the Advancement of Colored People Legal Defense and Educational Fund, Inc. (1939); 20 West 40th St., New York 18; Walter White, Secretary.

Purpose: To render legal aid gratuitously to such Negroes as are suffering legal injustices by reason of race or color and are unable to employ and engage legal aid and assistance on account of poverty; to seek and promote the educational facilities for Negroes who are denied the same by reason of race or color; and to conduct research, and collect, compile, and publish facts, information, and statistics concerning educational facilities and opportunities for Negroes and the inequality in such facilities provided for Negroes out of public funds.

National Association to Control Epilepsy, Inc. (1944); 22 East 67th St., New York 21; Mrs. Helen Clarke, Executive Secretary.

Membership: Individuals, 731; organizations, 1 state and 7 local.

Purpose: To build an informed public opinion about epilepsy, and to distribute up-to-date information to physicians, medical technicians, libraries, and the public; to promote and assist in the formation of local clinics, camps, and educational programs throughout the country by offering counsel and cooperation, plus financial grants for special projects when possible; to improve industrial relationships between epileptics and employers, and to increase industrial opportunities; and to foster research into the causes and further control of epilepsy.

Periodical: The Green Light, 3 issues yearly, free.

National Association of the Deaf, Inc. (1880); School for the Deaf, Columbus, Ohio; Robert M. Greenmun, Secretary.

Membership: Individuals, approximately 5,000; organizations, state and local associations of the deaf.

Purpose and Activities: To improve, develop, and extend schools for the deaf throughout the world, and especially in the United States; to eliminate unjust liability, compensation, and traffic laws; to establish state and national labor bureaus for the deaf and all other agencies pertinent to their economic and social welfare; to remove barriers against the deaf in civil service and other employment; and to further the intellectual, professional, and industrial status and social enjoyment of members through correspondence, consultation, the forming of branch societies, and national conventions. The Association publishes booklets on the deaf.

Periodicals: N.A.D. Bulletin, occasional issues; Convention Reports; both free.

National Association of Girl Scout Executives (1938); 670 Lexington Ave., New York 22; Catharine V. Richards, President.

Membership: Individuals, 1,000.

Purpose and Activities: To create and maintain standards of selection, performance, and training for members of the Association; to support and assist with raising the standards set by the Girl Scouts; to define and promote educational opportunities in keeping with the needs of the membership; to explore topics of professional interest and conduct studies on selected problems; to provide an opportunity for intraprofessional relationships; and to establish relationship with other professional groups. Projects and activities are conducted through a sectional plan of organization and through the work of special committees. Conferences are held biennially.

Periodicals: NAGSE Bulletin, 2 issues yearly; Conference Proceedings, biennially, 50 cents a copy.

National Association of Housing Officials (1933); 1313 East 60th St., Chicago 37; Raymond E. Nelson, Acting Executive Director.

Membership: Individuals, 2,469; organizations, 202 municipal and metropolitan, and 5 state and regional.

Purpose and Activities: To better administrative standards and practices in all public activity in housing for families of low and moderate income, by assisting housing officials in all levels of government and other interested persons. Activities include a clearinghouse for exchange of information, publication and distribution of the most useful current literature, field consultation service to official and semiofficial housing agencies, research on selected

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subjects by standing and special committees, and conduct of annual regional and national conferences.

Periodicals: The Journal of Housing, monthly, to members only; Housing Directory, annually, \$3.00 a copy.

National Association of Jewish Center Workers (1918); 145 East 32d St., New York 16; Graenum Berger, President.

Membership: Individuals, approximately 300.

Purpose and Activities: To foster and develop interest in Jewish Centers, Young Men's Hebrew Associations, and Young Women's Hebrew Associations; to consider problems relating to Jewish Center work; to promote personnel standards among Jewish Center workers; and to improve professional practices.

National Association of Legal Aid Organizations (1923); 25 Exchange St., Rochester 4, N. Y.; Emery A. Brownell, Secretary.

Membership: Organizations, 58.

Purpose and Activities: To promote and develop legal aid work; to encourage the formation of new legal aid organizations wherever they may be needed; to provide a central body with defined duties and powers for the guidance of legal aid work; and to cooperate with the judiciary, the bar, and all organizations interested in the administration of justice. The Association is actively interested in developing effective working relations with other social agencies.

Periodical: NALAO Brief Case, 10 issues yearly.

National Association for Nursery Education (1926); Roosevelt College, Chicago; Dr. Frances Horwich, Secretary-Treasurer.

Membership: Individuals, 600.

Purpose and Activities: To provide a medium through which those who are interested in nursery education can exchange ideas, and through which they can cooperate as a group with other agencies concerned with the education and developmental welfare of early childhood. The Association publishes numerous pamphlets on standards and practices in preschool education.

National Association of Professional Workers in the Y.W.C.A. of the U.S.A. (1906); name changed in 1946 from National Association of Employed Officers of the YWCA; 101 South Ashland Blvd., Chicago 7; Lorna May Tuttle, President.

Membership: Individuals, 550; chapters, 20.

Purpose and Activities: To unite professional workers of the Y.W.C.A. in moving toward the objectives which they have in common. In doing this the Association undertakes to build progressively higher professional standards in close cooperation with the National Leadership Services Department of the National Board of the Young Womens Christian Associations of the United States of America. Among its areas of concern are qualifications for the professional worker, standards of professional performance, establishment and use of sound personnel policy and procedure, experimentation and research in frontier areas of professional concern, and support of members of the organization in cases where the status of the individual or of the profession is jeopardized by faulty personnel practices or procedure.

Periodical: Bulletin, 3 issues yearly.

National Association of School Social Workers (1919); name changed in 1945 from American Association of School Social Workers; Department of Guidance and Child Accounting, Administration Bldg., Bellefield Ave. at Forbes St., Pittsburgh 13; Florence Poole, President.

Membership: Individuals, approximately 250.

Purpose and Activities: To aid and further the healthful growth of social work in elementary and secondary schools, both public and private. The Association seeks to unite the school social workers of the United States in matters of common professional interest; to consider the specific functions, relationships, and objectives of case workers operating in a school setting; to raise standards of their work with the personality and behavior problems of children; to educate communities to the mental hygiene significance of early constructive work with individual maladjustments; and to interpret the work of the school social worker through national and state educational conferences and other professional meetings.

Periodical: School Social Workers Bulletin, 3 issues yearly.

National Association of Schools of Social Administration (1942); University of Oklahoma, Norman; Dr. J. J. Rhyne, Secretary.

Membership: 24 state colleges and universities, 4 privately endowed universities, and 1 urban university.

Purpose and Activities: To promote instruction in the social services on as broad and as flexible a basis as is commensurate with sound educational policy; to enable its members to render more effective service by establishing a program of training intended to meet not only present but future needs for a pro-

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professionally trained personnel in social administration in such fields as employment service, unemployment compensation, old age insurance, recreational programs, rural social welfare programs, personnel work and guidance programs, and public assistance; and to encourage its members to improve the quality and scope of the instruction in the interests of professional education in social administration and in the interest of the general social welfare. To be eligible for membership educational institutions must offer a well-defined curriculum in one or more of the fields listed above. Such curricula must consist of at least 12 semester hours of technical or semitechnical courses in a single field or technique, in addition to closely related subjects, and the instruction must cover a period of not less than 2 academic years and may be on the senior college level or graduate level or both. At least one instructor (or part-time equivalent) must devote full time to the field on which membership is based.

National Association of State Directors of Vocational Education (1921); State Department of Education, Montpelier, Vt.; John E. Nelson, Secretary-Treasurer.

Membership: Individuals, 50, representing the 48 states, Hawaii, and Puerto Rico, each of which is entitled to one membership in the Association.

Purpose: To consider and discuss all questions pertaining to the successful progress and administration of vocational education throughout the states, to assemble and disseminate such information as will be helpful in securing mutual cooperation toward this accomplishment, and to study the economic and social trends and work with governmental agencies and other national agencies interested in adjusting training programs to meet these changes as they develop.

National Association of Training Schools (1903); Farmington, Mich.; Clyde L. Reed, Secretary-Treasurer.

Membership: Individuals, 89; organizations, 35.

Purpose and Activities: To make the schools for socially maladjusted children better able to give individual treatment to the maladjusted child through vocational, social, and formal schooling in order to fit him for an active and happy participation in the life of the community; to establish training school work more firmly as a professional occupation; and to eliminate any or all conditions which might stigmatize a child because of his attending a training school. The Association meets with the National Conference of Social Work.

Periodical: Proceedings, periodically; bound copies of complete proceedings obtainable annually, \$1.50 a copy.

National Boys and Girls Week Committee for the United States (1924); Room 950, 35 East Wacker Dr., Chicago 1; S. Kendrick Guernsey, Secretary.

Membership: Individuals, 86.

Purpose and Activities: To encourage the observance of an annual Boys and Girls Week (usually from the last Saturday in April to the first Saturday in May) in communities throughout the United States for the purpose of focusing attention upon boys and girls, and of furthering every activity tending to develop boys and girls into useful citizens. Among specific results are the creation of permanent commissions on boy and girl life, and the establishment of playgrounds, boys' clubs, girls' clubs, summer camps, community centers, Scout troops, etc.

Periodicals: Boys and Girls Week Advance Herald; Manual of Suggestions; both annually, free.

National Bureau of Economic Research, Inc. (1920); 1819 Broadway, New York 23; William J. Carson, Executive Director.

Activities: The National Bureau conducts impartial research, largely statistical, in the social sciences, particularly on such subjects as business cycles, national income, production, prices, capital formation, banking, credit, consumer instalment financing, employment, wages, profits, and fiscal policy. Its reports are published after review by a board of directors representative of various organizations and opinion.

Periodical: Occasional Papers, varying number issued each year, \$1.00 for 5 issues.

National Catholic Community Service (1940); 1312 Massachusetts Ave., NW., Washington 5, D. C.; James S. Mitchell, Executive Director.

Purpose and Activities: To meet the social, personal, cultural, educational, and religious interests of service men and women. The archbishops and bishops of the Catholic Church in the United States, at their 1940 General Meeting, designated the organization as the official Catholic agency to meet the spiritual and recreational needs growing out of military and industrial mobilization. Under its direction, every Catholic organization — national, diocesan, and parish — joined in the common cause. As a member agency of the United Service Organizations, Inc., NCCS operates clubhouses and service programs in communities near camps and naval bases. Its program aims to preserve the spiritual and physical well-being of service men and women, and to enable them to return to their communities after their discharge from the service better equipped spiritually, mentally, and physically

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to resume their duties and normal lives as private citizens.

Periodical: The NCCS Bulletin, monthly, free.

National Catholic Rural Life Conference
(1923); 3801 Grand Ave., Des Moines 12; Rt. Rev. Msgr. L. G. Ligutti, Executive Secretary.

Membership: Individuals, 6,000; also 90 diocesan directors representing their dioceses and religious communities.

Purpose and Activities: To strengthen and develop Catholicity in rural districts, and to promote the general welfare of the rural population. The Conference keeps in constant contact with non-Catholic groups interested in rural life and cooperatives; holds an annual national convention to call worldwide attention to the importance of its program to both the urban and the rural populations; keeps in touch with both state and federal officials of the government; and watches legislation in rural matters, examines proposed laws in the light of Catholic rural life philosophy, and appears before committees of Congress.

Periodicals: Land and Home, quarterly, \$2.00 a year; Rural Life Objectives (proceedings), annually, \$1.00.

National Catholic Welfare Conference
(1919); 1312 Massachusetts Ave., NW., Washington 5, D. C.; Rt. Rev. Msgr. Howard J. Carroll, General Secretary.

Membership: All Catholic archbishops and bishops of the United States and its dependencies; lay groups through the Department of Lay Organizations.

Purpose and Activities: To unify, coordinate, and organize Catholic people of the United States in works of education, social welfare, immigrant aid, and other activities. The Conference maintains the following departments: Department of Catholic Action Study, devoted to research and reports as to pronouncements, methods, programs, and achievements in the work of Catholic Action at home and abroad; Department of Education, a clearinghouse for Catholic educational agencies; Department of Lay Organizations, seeking through coordinate branches — National Council of Catholic Men and National Council of Catholic Women, both listed separately in this section of the **DIRECTORY OF AGENCIES** — to unite groups of the laity and to vitalize corporate Catholic life, and maintaining through these branches the Catholic Radio Hour and the Hour of Faith, the Catholic Evidence Bureau, and the National Catholic School of Social Service; Department of Social Action, covering the fields of family life, industrial relations, international affairs, civic education, social welfare, and

rural life; Youth Department, facilitating the exchange of information in the Catholic youth field, and maintaining contact with other youth organizations; Executive Department, including Bureau of Immigration, and National Center Confraternity of Christian Doctrine; Legal Department, serving as a clearinghouse of information on federal, state, and local legislation; and the Press Department, furnishing material to Catholic newspapers in English and Spanish. The Conference's War Relief Services is bringing relief to refugees and displaced peoples, principally in Europe and the Far East.

Periodical: Catholic Action, monthly, \$2.00 a year.

National Catholic Youth Council (1937); 1312 Massachusetts Ave., NW., Washington 5, D. C.; Rev. Charles E. Bermingham, National Director.

Membership: Organizations, 2 national, 33 regional, and approximately 6,200 local.

Purpose: To federate all Catholic youth groups, to serve as a channel for interchange of experiences and information regarding youth activities and problems, to help Catholic youth groups better to understand and cope with problems of national importance, to train youth leaders in the methods of authentic Catholic Action, and to serve as an instrument to represent Catholic youth organizations in the United States while not interfering thereby with the autonomy and the traditional activities of the individual groups.

National Child Labor Committee (1904); 419 Fourth Ave., New York 16; Mrs. Gertrude Folks Zimand, General Secretary.

Membership: Individuals, approximately 18,000.

Purpose: To promote, through investigation, legislation, and public education, the protection of children from employment under conditions that are prejudicial to their health, education, or welfare; and to improve the educational opportunities and the vocational guidance, training, and placement services for youth.

Periodicals: American Child, monthly October through May, \$2.00 a year; Annual Summaries of Legislation, free.

National Child Welfare Division, American Legion (1925); 777 North Meridian St., Indianapolis 6; Emma C. Puschner, Director.

Purpose and Activities: To assure care, training, and protection primarily to the children of veterans of either World Wars I or II and, in general, to assure a square deal for every child. The Division informs the membership within the Legion and its

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subsidiary organizations, and also the citizens at large, of the conditions and needs of children; promulgates and influences the maintenance of right standards of child care and protection; secures the enactment of legislation to bring improved care and protection for all children; and provides assistance to any child of a veteran of either World Wars I or II when local welfare resources are not available or are inadequate. The entire child welfare program of the Legion has been built upon cooperation with existing child-caring and protective agencies. Concern is for the "whole child" — his physical, mental, emotional, and spiritual well-being. Emphasis is on family home life and participation in community living which is essential to a child's growth and development in preparing him for his future citizen responsibilities. There are some 25,000 child welfare volunteers in the American Legion Posts and Auxiliary Units throughout the country, working under the direction of American Legion State Departments and the National Child Welfare Division. The Division is a member agency in the Child Welfare League of America.

National CIO Community Services Committee (1941); name changed in 1945 from National CIO War Relief Committee; 1776 Broadway, New York 19; Leo Perlis, National Director.

Activities: Activities include direction and coordination of fund-raising activities among CIO members in the fields of health, welfare, recreation, and relief; development and application of policies, plans, and programs in the fields of health, welfare, and recreation; development of relationships with Community Chests and Councils, Inc., American National Red Cross, and other organizations in the fields of fund raising, health, welfare, and recreation; and direction and coordination of the union counseling program through industrial union councils, of CIO activities in the field of foreign relief, and of community programs of health, welfare, and recreation for veterans through industrial union councils. The Committee is an integral part of the Congress of Industrial Organizations.

National Civil Service League (1881); name changed in 1945 from National Civil Service Reform League; 67 West 44th St., New York 18; H. Eliot Kaplan, Secretary.

Membership: Individuals, approximately 3,000; organizations, 15.

Purpose: To advance the merit system, and to improve the administration of the civil service throughout the United States.

Periodical: Good Government, quarterly, \$1.00 a year.

National Commission for Children and Youth (1946); Children's Bureau, Federal Security Agency, Washington 25, D. C.; Leonard W. Mayo, Chairman.

Membership: Individuals, 95, appointed by the chairman and the Chief of the Children's Bureau.

Purpose and Activities: To arouse citizens to cooperative action in support of public and private services needed to raise the level of health, education, and welfare of children so that they may have full opportunity to develop their potentialities and to become responsible and cooperative members of society. As a means to this end the Commission works for the objectives outlined in Building the Future for Children and Youth, Next Steps Proposed by the National Commission on Children in Wartime (1945), including proposals in the fields of health, child welfare services, family support, education, child labor, adoption, and state and community planning for a study of guardianship, mental health, leisure-time services, and youth education and employment. Activities include review of facts, formulation of recommendations, clearinghouse service on proposals for children and youth, and encouragement of state and community planning for youth through councils or commissions. Membership in the Commission, drawn from many states, includes representatives of national organizations and professional associations concerned with children and youth, and selected state and local health, welfare, education, recreation, and labor officials. The Commission is successor to the National Commission on Children in Wartime.

National Committee on Alcohol Hygiene, Inc., The (1944); 2030 Park Ave., Baltimore 17; Dr. Robert V. Seliger, Executive Director.

Membership: Individuals, 44.

Activities: The Committee's work is an educational procedure in the field of public health to disseminate scientific information to the public through various educators (teachers, clergymen, physicians, and others) regarding the problem of alcoholism, which must be clearly distinguished from social drinking, so that they may help to educate individuals and the community about the significance of this public health problem in the contemporary social setting. Primarily interested in practical work, not in academic research, the Committee desires to be of concrete aid to physicians and their co-workers in understanding and in dealing with the immediate problems presented by the alcoholic individual as well as the correlated problems affecting the family unit and community. As an adjunct in achieving this, and except when large quantities are requested, Alcohol Hygiene and other educational material are sent without charge. The Committee is made up

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of medically or psychiatrically trained workers having an active interest in the problem of alcoholism. It was formed in order to exchange experiences, findings, views, and thoughts concerning the causes, cure, and prevention of alcoholism. No one associated with this group draws any salary or receives any financial remuneration, nor are there any membership fees.

Periodical: Alcohol Hygiene, bimonthly, free.

National Committee on Boys and Girls Club Work, Inc. (1920); 59 East Van Buren St., Chicago 5; G. L. Noble, Managing Director.

Membership: Individuals, 27.

Purpose and Activities: To extend and expand the membership and influence of the 4-H club program, as conducted by the Extension Service of the U.S. Department of Agriculture and the state agricultural colleges, by stimulating interest in health, safety, agricultural and home economics activities, character building, and citizenship among rural youth. To achieve these objectives the Committee helps secure legislation providing funds for extension work; solicits and supervises \$200,000 worth of awards annually as incentives to achieve outstanding records in 4-H club projects and activities by the membership; cooperates with the Extension Service in conducting the National 4-H Club Congress (annually attended by 1,400 delegates from 46 states, Alaska, Hawaii, Puerto Rico, and Canada), as well as the 4-H Division of the National Dairy Show and a 4-H safety program to reduce preventable accidents and fires on farms; publishes a monthly periodical containing constructive ideas and features for local leaders and members; maintains a mail order supply department providing equipment for use of clubs; disseminates 4-H publicity to the press and radio; and procures funds for scientific research in the rural youth field, and publishes results.

Periodical: National 4-H Club News, monthly.

National Committee for Education on Alcoholism (1944); Room 447, 2 East 103d St., New York 29; Mrs. Marty Mann, Executive Director.

Membership: Individuals, 51; local branches, 11.

Purpose and Activities: To increase public understanding of alcoholism, its nature and treatment; and to make this knowledge effective in solving the problem of alcoholism. The Committee is sponsored by the Yale Plan for Alcohol Studies. It distributes literature, maintains a free lecture service, and provides general and specific information on alcoholism and the facilities for treatment of alcoholics. Local branches, organized by the Committee and affiliated with it, follow a coordinated plan of community action, including education of the

community on the problems of alcoholism as a disease, establishment of an information center, promotion of better hospital facilities for the treatment of acute alcoholism, and establishment of a free clinic for the diagnosis and treatment of alcoholics. These local branches must be truly representative of all groups in the community, and must adopt a constitution and bylaws approved by the National Committee.

National Committee of Health Council Executives (1926); Health Council, Kansas City Council of Social Agencies, 1020 McGee St., Kansas City, Mo.; Albert H. Jewell, Chairman.

Membership: Regular members, 33; members-at-large, 11.

Purpose and Activities: To improve the work undertaken by health councils, by providing for the exchange of experiences and the review of problems of mutual interest; and to stimulate the extension of the health council idea. The health council is essentially a coordinating body, organized to promote the efficient administration of public health work, foster community planning, eliminate duplication of effort, and stimulate new services.

National Committee on Homemaker Service (1939); name changed in 1946 from Committee on Supervised Homemaker Service; Children's Aid Society, 154 East 45th St., New York 17; Lena E. Cochran, Chairman.

Purpose and Activities: In cooperation with the Family Service Association of America, the Child Welfare League of America, and the U.S. Children's Bureau, to promote standards of homemaker service, to further the extension of such service, to encourage community planning for the effective use of the service, to encourage the initiation of studies and the preparation of material, to correlate existing homemaker programs in the various social agencies, and to give consultation to agencies planning to initiate such programs. Meetings, which are open to representatives of agencies having homemaker service or who are contemplating such programs, are held at the National Conference of Social Work and at a two-day session in the autumn. Material on various phases of the subject and a directory of agencies providing homemaker service are available through the Children's Bureau, which also issues mimeographed releases from time to time.

National Committee on Housing, Inc. (1941); name changed in 1943 from National Committee on the Housing Emergency; 1 Madison Ave., New York 10; Henry M. Proper, Executive Vice Chairman.

Purpose and Activities: To be a constructive force

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for the solution of the nation's housing and community planning problems; to present and appraise new methods and new approaches in planning, financing, land assembly, and construction which will hasten the rehousing of America; to initiate studies and evaluate and report current movements in housing and community development; and to create a public awareness, understanding, and interest in this field. Among recently completed studies are: *Neighborhood Design and Control*, *Your Stake in Community Planning*, *Cost Measurement in Urban Redevelopment*, *Planning Neighborhood Shopping Centers*, *Farm Housing — A Case Study*, and *Your Building Code*. At the invitation of the British Ministry of Health a mission from the Committee went to Great Britain in 1945 to confer and advise on housing and planning and reported its observations in *Britain Faces Its Housing Emergency*. Urban redevelopment studies are now under way in 7 typical major American cities under the sponsorship of the Committee to determine the feasibility of the various programs that have been suggested thus far. The Committee has conducted a country-wide program to encourage construction by private enterprise of housing for Negro families and is planning to expand considerably its work in the farm housing field. It is also conducting an extensive study of the effect of local taxation on low-cost home construction.

Periodical: *Tomorrow's Town*, monthly, to members only.

National Committee on Maternal Health, Inc. (1923); 2 East 103d St., New York 29; Dr. E. T. Engle, Research Secretary.

Purpose and Activities: To promote scientific research in human sex biology, especially medical aspects of human fertility, including contraception, sterility, sterilization, abortion, and marriage counseling. The Committee refrains from propaganda and service to lay persons or groups. Its publications include books, and papers in standard medical journals.

National Committee for Mental Hygiene, Inc. (1909); 1790 Broadway, New York 19; Dr. George S. Stevenson, Medical Director.

Membership: Individuals, approximately 800 (through election); contributing associate members, approximately 1,200 (open to the public); associated state mental hygiene societies, 30.

Activities: The Committee works for the conservation of mental health; reduction and prevention of mental and nervous disorders and defects; improved care and treatment of persons suffering from mental diseases; special training and supervision of the feeble-minded; and the acquisition and dissemination

of reliable information on these subjects and on mental factors involved in the problems of education, industry, delinquency, dependency, and others related to the broad field of human behavior. The Committee publishes occasional bulletins on psychiatric rehabilitation.

Periodicals: *Mental Hygiene*, quarterly, \$3.00 a year; *Understanding the Child*, quarterly, \$1.00 a year.

National Committee on Post-War Immigration Policy (1944); Room 815, 36 West 44th St., New York 18; Dr. William S. Bernard, Executive Director.

Membership: Individuals, 200; organizations, 15 national.

Purpose: To study the conditions and facts relating to immigration in the postwar period, to examine the relationship between present policy and the social and economic needs of the United States, to analyze current immigration policy in the light of the basic ideals of American democracy, to educate the public so that the problem of immigration can be dealt with in a spirit of objectivity, and to interpret technical scientific findings on immigration matters to the layman.

National Committee on Prisons and Prison Labor, Inc. (1909); 44 Wall St., New York 5; William S. Bennet, President.

Membership: Individuals, approximately 2,000.

Purpose and Activities: To unite and concentrate the efforts of all persons interested in the bettering of penal and correctional systems; to conduct investigations and make recommendations respecting the construction, equipment, and conduct of penal and correctional institutions; to formulate and make effective a system for penalizing crime which will be just to the state, the prisoner, the prisoner's family, industry, and the free workman; and to study the whole problem of labor in prisons and correctional institutions to the end that all prisoners may be so employed as to promote their welfare and at the same time to reimburse the institution for the expense of maintenance, while preventing unfair competition between prison-made goods and products of free labor and securing to their dependent families a fair proportion of the earnings of prisoners. The Committee is authorized to serve as a relief society with respect to prisoners of war, when called upon by qualified authority.

National Committee on Service to Veterans of the National Social Welfare Assembly (1944); 930 H St., NW., Washington 1, D. C.; Roy E. Johnson, Secretary.

Membership: Individuals, 19.

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Purpose: To assist in over-all planning to assure adequate services to veterans, to provide advice and information to national voluntary agencies about service to veterans, to offer guidance to communities through local agencies and councils of social agencies, and to consult in an advisory capacity with governmental agencies.

National Conference of Catholic Charities (1910); 1317 F St., NW., Washington 4, D. C.; Rt. Rev. Msgr. John O'Grady, Secretary.

Membership: Individuals, approximately 2,500; organizations and institutions, 1,700.

Purpose and Activities: To evaluate and offer constructive criticism of present-day social welfare problems and programs; and to assist Catholic groups to standardize, coordinate, and interpret their existing programs and formulate necessary new ones. Its activities include an annual meeting, regional meetings, surveys, studies, research, literature, field visits, and representation on national committees.

Periodicals: Catholic Charities Review, monthly, \$1.00 a year; Annual Proceedings, \$2.00 a copy.

National Conference of Christians and Jews (1928); 381 Fourth Ave., New York 16; Everett R. Clinchy, President.

Membership: Individuals, 60,000.

Purpose and Activities: To promote justice, amity, understanding, and cooperation among Catholics, Jews, and Protestants in the United States; and to analyze, moderate, and finally eliminate intergroup prejudices which disfigure and distort religious, business, social, and political relations, with a view to the establishment of a social order in which the religious ideals of brotherhood and justice shall become the standards of human relationships. The Conference is an association of individuals, not of officials commissioned by their respective religious bodies. It does not aim at any sort of union or amalgamation of religious bodies or at modifying any of the distinctive beliefs of its members. The Conference functions through national religious, educational, and civic agencies to promote intercultural education.

Periodical: Conference, The Magazine of Human Relations, quarterly, 50 cents a year.

National Conference of Commissioners on Uniform State Laws (1892); First National Bank Bldg., Omaha 2; Barton H. Kuhns, Secretary.

Membership: Individuals, as a rule 3 from each state.

Purpose and Activities: To promote uniformity in

state laws on all subjects where uniformity is deemed desirable and practicable. Laws drafted in fields of interest to social work include desertion and nonsupport, illegitimacy, narcotic drugs, veterans' guardianship, and vital statistics.

Periodical: Handbook, annually, \$3.00 a copy.

National Conference for Cooperation in Health Education (1938); Public Schools, Clayton, Mo.; John L. Bracken, Chairman.

Membership: Organizations, 48 national.

Purpose and Activities: To provide a national forum of organizations at that level for consultation and study on special health problems. Representatives are chosen to initiate and promote study on the most pressing problems selected by the membership. Projects chosen at the 1945 conference in order of preference were: cooperative planning of the school health program at the 3 levels, national, state, and local; development of standards in health education by the teacher-training institutions; and standardization of school health examinations. The work on implementation of the above projects has been initiated by representatives of the U.S. Public Health Service, the Committee of Standards and Surveys of the American Association of Teachers Colleges, and the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association.

National Conference on Family Relations (1938); 1126 East 59th St., Chicago 37; Evelyn Millis Duvall, Executive Secretary.

Membership: Individuals, 2,500; organizations, 5 regional and 20 state.

Purpose and Activities: To advance the cultural values that are now principally secured through family relations for the advantage of the individual and the strength of the nation. The Conference seeks to unite in this common objective persons now working in the following different fields of family research and welfare: biology, child study, education, eugenics, family economics, family social work, family and marriage counseling, home economics, law, maternal health, medical care, parent education, parent-teacher work, psychiatry, psychology, religion, school and home visiting, social security, and sociology. The Conference holds national, regional, and state meetings. It has the following committees: Economic Basis of the Family, Education for Marriage and the Family, Eugenics and the Family, Marriage and Family Counseling, Marriage and Family Law, Marriage and Family Research, Problems of Youth, and Religion and the Family.

Periodical: Marriage and Family Living, 4 issues yearly, \$1.50 a year.

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National Conference of Jewish Social Welfare (1899); 1841 Broadway, New York 23; Herbert H. Aptekar, Secretary.

Membership: Individuals, 725; organizations, 237.

Purpose: To provide a forum for the consideration and discussion of problems and principles of Jewish welfare and of programs of Jewish social agencies, and to formulate principles and programs for the enrichment of Jewish life and of social and economic welfare.

Periodicals: Jewish Social Service Quarterly, \$3.00 a year; Proceedings, annually, \$2.00 a copy.

National Conference of Juvenile Agencies (1903); Woodbine, N. J.; E. L. Johnstone, Executive Secretary-Treasurer.

Membership: Individuals, approximately 350.

Activities: The Conference conducts special studies in the field of correctional work and rehabilitative programs among juveniles. Annual conventions are held for discussion and dissemination of information. The membership consists of executives of institutions for juvenile delinquents, probation and parole officers, juvenile court workers, the judiciary, special-class teachers, social workers, psychologists, psychiatrists, and others in the field of training, rehabilitation, and correction of the youthful offender. The Conference is affiliated with the American Prison Association.

Periodical: The Proceedings, 4 issues yearly, \$1.50 a year.

National Conference of Social Work (1873); 82 North High St., Columbus 15, Ohio; Howard R. Knight, General Secretary.

Membership: Individuals, approximately 7,500; organizations, approximately 450.

Purpose and Activities: To facilitate discussion of problems and methods of human improvement, to increase the efficiency of agencies and institutions devoted to this cause, and to disseminate information. Platforms are not formulated. The Conference is now organized in 5 continuous sections: Social Case Work, Social Group Work, Community Organization, Social Action, and Public Welfare Administration.

Periodicals: Conference Bulletin, quarterly, 50 cents a year; Proceedings, annually, free to members paying \$5.00 or more; extra copies obtainable from the Columbia University Press at \$5.00 plus postage.

National Conference on State Parks (1921); 901 Union Trust Bldg., Washington 5, D. C.; Harlean James, Executive Secretary.

Membership: Individuals, approximately 500.

Purpose and Activities: To inform the public through a central clearinghouse of information and by publications, conferences, courses of training in schools and colleges, and other educational means of the value of state parks, historic sites, forests, and preserves suitable for recreation, study of natural history and science, and preservation of wildlife and conservation of natural scenery. The Conference promotes development within the states of well-balanced state park systems, to the end that every citizen of the United States shall have easy access to state recreation areas and appreciate their value as a recognized form of land use.

Periodicals: Planning and Civic Comment, quarterly; American Planning and Civic Annual (section on State Parks); to members only.

National Conference of State Small Loan Supervisors (1935); Room 700, 130 East 22d St., New York 10; Eleanor Nissley, Secretary.

Activities: The Conference is an informal organization for interchange of information and mutual contact for the purpose of improving public supervision of the small loan business. The Conference holds an annual meeting, and supplies standard forms for the use of state banking departments.

National Conference of Superintendents of Juvenile Training Schools and Reformatories (1923); State School, Orange Co. (near Warwick), N. Y.; Herbert D. Williams, Secretary.

Membership: Training school and reformatory superintendents, elected by existing members.

Purpose and Activities: To provide an opportunity for informal discussion of professional problems. Meetings are held annually in New York City. They are not open to the public.

National Conference of Tuberculosis Secretaries (1923); 1790 Broadway, New York 19; Edward K. Funkhouser, President.

Membership: Professional workers of national, state, county, city, and town anti-tuberculosis associations affiliated with the National Tuberculosis Association.

Purpose: To cooperate through its advisory committees on administrative practice, health education, public relations and publicity, rehabilitation, and Christmas seal sale with the National Tuberculosis Association; to study, initiate, and promote procedures recommended by the advisory and other committees; to correlate activities of local and state tuberculosis associations with policies approved by the Conference and the National Tuberculosis Association; and to develop professional standards for workers in tuberculosis associations.

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National Congress of American Indians (1944); Claremore, Okla.; N. B. Johnson, President.

Membership: Individuals, 3,000; organizations, 6 local; Indian tribes, 50.

Purpose: To secure to members of Indian tribes and their descendants the rights and benefits to which they are entitled under the laws of the United States, the several states, and Alaska; to enlighten the public toward a better understanding of the Indian race; to preserve Indian cultural values; to seek an equitable adjustment of tribal affairs; to secure and to preserve rights under Indian treaties with the United States; and otherwise to promote the common welfare of the American Indians.

Periodical: NCAI News-Letter, quarterly, \$1.00 a year.

National Congress of Colored Parents and Teachers (1926); 123 South Queen St., Dover, Del.; Mrs. William W. M. Henry, President.

Membership: Individuals, approximately 80,000; organizations, 20 state and approximately 3,000 local.

Purpose and Activities: To promote child welfare in home, school, church, and community; to raise the standards of home life; to secure more adequate laws for the care and protection of women and children; to bring into closer relation the home and the school, that parents and teachers may cooperate intelligently in the training of the child; and to develop between educators and the general public such united efforts as will secure for every child the highest advantages in physical, mental, moral, and spiritual education. Activities include, among others, the following interests: child hygiene, home economics, eradication of illiteracy, juvenile protection, motion pictures, parent education study classes, preschool study clubs, recreation, social hygiene, summer round-up of children, and vocational education.

Periodical: Our National Family, quarterly, free.

National Congress of Parents and Teachers (1897); 600 South Michigan Blvd., Chicago 5; Mrs. L. W. Hughes, President.

Membership: Individuals, 3,910,106; organizations, approximately 25,000 local parent-teacher associations in 48 states, the District of Columbia, and Hawaii.

Purpose and Activities: To promote the welfare of children and youth in home, school, church, and community; to raise the standards of home life; to secure adequate laws for the care and protection of children and youth; to bring into closer relation the home and the school, that parents and teachers

may cooperate intelligently in the training of the child; and to develop between educators and the general public such united efforts as will secure for every child the highest advantages in physical, mental, social, and spiritual education. Standing committees carry on activities in the fields of art, character and spiritual education, the exceptional child, health and the summer round-up of the children, home and family life, juvenile protection, legislation, mental hygiene, parent education, radio, reading and library service, recreation, rural service, safety, school education, school lunch, social hygiene, and world citizenship. The present program emphasizes nation-wide provisions for the health and physical welfare of all children; equal educational opportunities for all children; training for home and family life; building of character and of spiritual values in home, school, church, and community; and intensified effort to bring about intercultural and interracial understanding as a first important step toward world peace and social progress.

Periodicals: National Congress Bulletin, 11 issues yearly, 20 cents a year; National Parent-Teacher: The P.T.A. Magazine, 10 issues yearly, \$1.00 a year; Annual Proceedings, \$1.50 a copy.

National Consumers League (1899); 348 Engineers Bldg., Cleveland 14; Elizabeth S. Ma-gee, General Secretary.

Membership: Individuals, 2,000; organizations, 10 in 9 states, each with its own membership.

Purpose: To awaken consumers' interest in their responsibility for conditions under which goods are made and distributed; to promote the enactment of minimum wage and maximum hour laws, the elimination of child labor and industrial home work, the regulation of night work, the extension of labor law coverage, and the expansion and improvement of the social security system; to promote the acceptance of the principle of collective bargaining; and to further the effective enforcement of labor laws.

Periodical: Bulletin, quarterly, 50 cents a year.

National Council of Catholic Men (1920); 1312 Massachusetts Ave., NW., Washington 5, D. C.; Frank J. Potts, Executive Secretary.

Membership: National affiliated bodies, 11; constituent local bodies, 1,091 parish councils, 696 Knights of Columbus councils, 386 Holy Name Societies, and 325 other diocesan and local Catholic societies.

Purpose and Activities: To represent under the guidance of the Hierarchy the united voice of the Catholic laymen of the country in all matters of Catholic concern and matters affecting the general public welfare. The Council aims to organize a diocesan coun-

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cil in every diocese of the country, such councils federating but not supplanting any established organizations. It carries on adult education through its Catholic Evidence Bureau, and conducts 2 nationwide weekly radio programs known as the Catholic Hour and the Hour of Faith. The Council is the Men's Branch of the Lay Organizations Department of the National Catholic Welfare Conference.

National Council of Catholic Women (1920); 1312 Massachusetts Ave., NW., Washington 5, D. C.; Ruth Craven, Executive Secretary.

Membership: Organizations, approximately 4,500, of which 18 are national, 7 state, and the others local.

Activities: As an integral part of the National Catholic Welfare Conference, the Council serves as the medium through which Catholic women may speak and act as a unit on matters of public interest, stimulates the efficiency and usefulness of existing organizations of Catholic women, and renders assistance to the work of all local Catholic women's organizations. Among the Council's national committees are the following: Cooperating with Catholic Charities, Cooperating with the Confraternity of Christian Doctrine, Family and Parent Education, Immigration, International Relations, Parent-Teacher Associations, Public Relations, Shrines in the Home, Social Action, Study Clubs, and Youth. The Council sponsors the National Catholic School of Social Service.

Periodical: Monthly Message to Affiliated Organizations, \$1.00 a year.

National Council of Housing Associations (1940); name changed in 1946 from National Committee of Housing Associations; Washington Housing Association, 1301 N St., NW., Washington, D. C.; Sydney Maslen, Chairman.

Membership: Organizations, 9 local.

Purpose and Activities: To promote both public and private housing; and to encourage better regulatory housing codes and improved methods of enforcement, in addition to public housing and slum clearance. The Council is composed of executives of citizen housing associations located in Boston, Chicago, Cincinnati, Detroit, New York, Philadelphia, Pittsburgh, and Washington, D. C. It facilitates cooperation between the representatives of these housing associations and aids in the creation or strengthening of citizen housing activity in neighboring communities. The membership of its constituent organizations is primarily composed of persons holding no official housing positions.

National Council of Jewish Tuberculosis Institutions (1942); name changed in 1946 from Council of National Jewish Tuberculosis Institutions; 1706 Welton St., Denver 2; Bernard S. Coleman, Director.

Membership: Organizations, 3 national, 1 regional, and 4 local Jewish tuberculosis hospitals.

Purpose and Activities: To recommend to the governing boards of the member institutions legislation, programs, and measures for a coordinated approach on all subjects applicable to concerted and unified action by the institutions, in order to improve the program of service in the field of anti-tuberculosis effort. The Council urges active cooperation with local Jewish social agencies and physicians in identifying cases of tuberculosis and in providing necessary hospitalization and after-care, and carries on statistical and social service studies on tuberculosis among the Jewish people.

National Council of Jewish Women, Inc. (1893); 1819 Broadway, New York 23; Mrs. Elsie Elfenbein, Executive Director.

Membership: Individuals, 65,000; sections, 200; junior sections, 100; regional conferences, 10.

Purpose and Activities: To promote a program concerned with the following: overseas service, service to foreign born, social welfare, international relations and peace, contemporary Jewish affairs, and social legislation. Specific study and welfare programs are carried out by the local sections, under the guidance of national committees and the professional staff at national headquarters, frequently in cooperation with governmental and other national organizations. The sections conduct such long-term welfare projects as: children's health and recreation services, summer camps, work with the handicapped, scholarships, and recreation for the aged. Each of the following 5 national departments issues regular informational bulletins and study courses: Contemporary Jewish Affairs, International Relations and Peace, Overseas Activities, Social Legislation, and Social Welfare. In 1946 the Council's former National Service to Foreign Born was consolidated with the National Refugee Service to form the United Service for New Americans, Inc.

Periodical: The Council Woman, quarterly, free.

National Council of Juvenile Court Judges (1937); name changed in 1944 from Association of Juvenile Court Judges of America; 2240 West Roosevelt Rd., Chicago 8; Judge Frank H. Bicek, President.

Membership: Individuals, 380 juvenile court judges (including 2 in Canada); organizations, 7 affiliated state associations.

Purpose: To promote, organize, and develop juve-

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nile courts throughout North America; to interpret the philosophy of the juvenile court and to secure uniform legislation in the various states, enabling the courts to function efficiently and effectively; to foster studies and surveys in juvenile and related fields; to cooperate with governmental and voluntary agencies in developing and coordinating child welfare services; and to engage in such other activities as may be necessary for the improvement of juvenile courts, the welfare of their wards, and the services they perform in their communities.

Periodicals: Quarterly Bulletin; Annual Proceedings.

National Council on Naturalization and Citizenship (1930); 1775 Broadway, New York 19; Ruth Z. Murphy, Secretary.

Membership: Individuals, 165; organizations, 55.

Activities: The Council is a central agency which makes and publishes studies and assembles information about citizenship and naturalization laws, procedure, organized naturalization aid, and related matters; and works for legislative and administrative improvements.

National Council of Negro Women, Inc. (1935); 1318 Vermont Ave., NW., Washington 5, D. C.; Mame Mason Higgins, Executive Director.

Membership: Individuals, 950,000; organizations, 19 national and 32 local.

Purpose and Activities: To disseminate information on the joint activities of Negro and white women and on those issues that vitally affect the lives of Negro women; to interpret the problems, needs, and aspirations of Negro women to themselves and to the community; to educate Negro women for, and to stimulate them to take full advantage of, all democratic rights and privileges; and to build good will and mutual understanding through programs designed to promote better intraracial, interracial, and international relations. The Council maintains regular contacts with Negro women in communities throughout the country by its national affiliates and their local branches. It embraces organizations from church, fraternal, industrial, professional, educational, and civic groups. The Council's general program covers citizenship, consumer education, employment, family life, interracial relationships, public affairs, religion, youth, etc.

Periodicals: Telefact (a news bulletin), monthly; Aframerican Woman's Journal, quarterly; \$2.00 a year for both.

National Council of Parent Education (1926); 221 West 57th St., New York 19; Mrs. Sidonie M. Gruenberg, Chairman.

Activities: During 1945, members of the govern-

ing Board of the Council cooperated in the development of the Parent Education Clearing House, maintained by Parents' Magazine. The Council is in the process of reorganization, with plans to constitute itself as a committee of individual members and to coordinate its efforts with other agencies working in its field.

National Council for a Permanent Fair Employment Practice Commission (1944); 930 F St., NW., Washington 4, D. C.; Mrs. Anna Arnold Hedgeman, Executive Secretary.

Purpose and Activities: To secure enactment of the bill to establish a permanent Fair Employment Practice Commission. The Council acts as a clearing-house for disbursement of educational and legislative information to its 67 coordinating national organizations and 98 local councils throughout the country. Legislative bulletins and newsletters are issued every 2 or 3 weeks.

National Council on Rehabilitation (1942); name changed in 1943 from Council on Rehabilitation; 1790 Broadway, New York 19; Chauncey S. Truax, Executive Director.

Membership: Organizations, approximately 59 agencies representing the medical professions, social service and health organizations, industry, labor, and other groups interested in the rehabilitation of the disabled.

Purpose and Activities: To act as a medium of exchange of information on all phases of rehabilitation and as an advisory body on this subject to all agencies, governmental as well as voluntary, concerned with rehabilitation. The Council conducts inquiries and research into such subjects as defining the processes of rehabilitation and personnel qualifications, standards, and facilities for training. It publishes a monthly news letter and timely and pertinent reports that might not otherwise be made available, including an annotated bibliography on rehabilitation. It also affiliates state councils organized along similar lines for a comparable purpose, consisting of agencies operating on state-wide or local levels.

Periodical: News Letter, monthly, \$1.00 a year.

National Council of State Agencies for the Blind (1943); 1060 Broad St., Newark 2; George F. Meyer, Acting President.

Membership: Individuals, 29, each representing a state agency for the blind.

Purpose: To make possible an interchange of views on professional standards, policies, and administrative matters affecting agencies with state-supported and state-wide programs of services for the blind; and to furnish a medium for such agencies to co-

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ordinate their points of view with reference to federal legislation and other common problems.

National Council of Women of the United States, Inc. (1888); 501 Madison Ave., New York 22; Mrs. Ambrose N. Diehl, President.

Membership: Organizations, 20 national.

Purpose and Activities: To unite member organizations in a national council affiliated with the International Council of Women, to serve as a clearinghouse for the dissemination of information concerning the activities and methods of organized womanhood, and to initiate and promote national projects which are in harmony with the general purposes of the Council, which was founded for the practical implementation of the Golden Rule. Among the Council's committees are the following: Citizenship, Domestic Economy, Economic and Legal Status of Women, Education, Fine Arts, Housing, Human Relations, Letters, Music, Public Health, Radio, Social Hygiene, United Nations, and Western Hemisphere.

National Crime Prevention Institute, Inc. (1936); 41 Press Bldg., 100 Washington Sq., East, New York 3; Frederic Thrasher, Acting Director.

Membership: Individuals, 206.

Purpose: To act as a clearinghouse of crime prevention information; to provide machinery for conference and voluntary cooperation looking toward the coordination of crime prevention activities in city, state, and nation; to develop and carry on crime prevention programs in areas of this field not now occupied by other agencies until such time as other agencies are ready to carry on such functions; and to promote public education for crime control through use of recognized channels of publicity, such as press, radio, motion picture, public meeting, and other available media.

National Dental Hygiene Association, Inc. (1940); 934 Shoreham Bldg., Washington 5, D. C.; Randolph G. Bishop, Executive Secretary.

Purpose: To better the dental health of the American people by working in cooperation with the dental and medical professions, governmental and voluntary health and welfare agencies, and lay organizations to stimulate dental research; to encourage the formation of community committees for dental health; to develop public appreciation of the importance of dental health and the need for more adequate public support for dental health programs; to increase and improve dental health education and treatment programs for children; to provide factual literature for lay groups; to inte-

grate dental health as a part of and in proper relationship to the general health programs of existing organizations; and to carry out educational campaigns and conferences.

Periodical: Dental Health, quarterly, \$1.00 a year.

National Desertion Bureau, Inc. (1911); 71 West 47th St., New York 19; Charles Zunser, Secretary.

Membership: Organizations, 55 local Jewish federations and family welfare agencies.

Purpose: To locate Jewish family deserters; to induce them to reunite with or support their families, or failing this to prosecute them according to law; to act in a general legal advisory capacity in matters of domestic relations; and to institute and contest matrimonial actions at the request of constituent agencies.

National Education Association of the United States (1857); 1201 16th St., NW., Washington 6, D. C.; W. E. Givens, Executive Secretary.

Membership: Individuals, 340,000; affiliated organizations, 52 state and 1,507 local.

Purpose and Activities: To elevate the character and advance the interests of teaching, and to promote the cause of education in the United States. The activities of the Association related to the broad field of social work are indicated by the following departments: Adult Education; American Association for Health, Physical Education, and Recreation; American Association of School Administrators; Elementary School Principles; Home Economics; International Council for Exceptional Children; Lip Reading; National Association of Secondary School Principals; National Council for the Social Studies; National Science Teachers Association; Rural Education; and Vocational Education. Committees in this field include: Citizenship, Credit Unions, International Relations, Professional Ethics, Teacher Preparation and Certification, and Tenure and Academic Freedom.

Periodicals: Journal of the National Education Association, monthly except July, August, and September, \$3.00 a year; Research Bulletins, 5 issues yearly, \$1.00 a year; Proceedings, annually, \$3.00 a copy.

National Federation of Business and Professional Women's Clubs, Inc., The (1919); 1819 Broadway, New York 23; Olive H. Huston, Executive Secretary.

Membership: Individuals, 100,000; organizations, 1,800 local clubs in 48 state federations, the District of Columbia, Alaska, and Hawaii.

Activities: The Federation offers the alert business and professional woman opportunity to keep in-

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formed and to have a part in the solution of economic and social problems of vital importance to her. Through study, cooperation, and legislation it works for the advancement of women and helps young women toward better preparation for suitable occupations. The Federation takes the professional advancement of women as its special responsibility, exploring opportunities for women in fields of work, studying their progress in vocations, and endeavoring to elevate standards in requirements and rewards. To this end it is taking action toward such important goals as economic development for post-war jobs; sound employer-employee relations; adequate educational, training, and counseling facilities; and a workable foreign policy.

Periodical: Independent Woman, monthly, \$1.50 a year.

National Federation of Settlements, Inc. (1911); 147 Avenue B, New York 9; Lillie M. Peck, Executive Secretary.

Membership: Individuals, 549; organizations, 205.

Purpose and Activities: To reinforce all phases of federated activity among neighborhood agencies, to bring together the results of settlement experience throughout the country, to secure capable recruits, to urge measures of state and national legislation suggested by settlement experience, and to promote the better organization of neighborhood life generally. The Federation offers advisory and field staff services covering: community surveys, agency activities and program, and social education and action; research, particularly in local community organization and interracial problems; and recruiting, training, and placing staff workers. The Federation has standing committees on Personnel and Employment Practices, Recreation and Education, and Social Education and Action. Reprints and special bulletins are issued.

Periodical: Round Table, issued irregularly, to members only.

National Florence Crittenton Mission (1883); 408 Duke St., Alexandria, Va.; Dr. Robert S. Barrett, President.

Membership: Organizations, 60 maternity homes.

Purpose and Activities: To promote the care of unmarried mothers and their children in its affiliated maternity homes and hospitals, and in general to promote preventive and protective work for young girls. Associated with the national organization are 60 maternity homes for unmarried mothers located throughout the United States. Complete prenatal, obstetrical, and postnatal service is rendered either in the home or in a hospital associated with it. Every effort is made to have each mother retain the custody of her child.

Periodical: Bulletin, quarterly, 50 cents a year.

National Forum on Deafness and Speech Pathology (1918); 818 South Kingshighway, St. Louis 10; Dr. Helen S. Lane, Chairman of Executive Committee.

Membership: Individuals, 100.

Purpose and Activities: To investigate recent scientific trends in the education of the deaf, to demonstrate new speech methods, and to diffuse knowledge relating to oral and acoustic training. The organization is interested in the preschool deaf child and spastic children with speech defects; and in preventive measures, rehabilitation, education, and all phases of deafness and speech pathology.

National Foundation for Infantile Paralysis, Inc. (1938); 120 Broadway, New York 5; Basil O'Connor, President.

Purpose and Activities: To lead, direct, and unify the fight on every phase of infantile paralysis. The Foundation supports laboratory and clinical research in infantile paralysis, establishes standards for after-care, conducts educational programs, and supports public health authorities in efforts to combat outbreaks of the disease. Most of the nation's 3,050 counties are covered by Foundation chapters which furnish funds for medical treatment and care of patients, cooperate with medical authorities during epidemics, and conduct local educational activities.

Periodical: National Foundation News, monthly, free.

National Health Council (1921); 1790 Broadway, New York 19; Dudley P. Gilbert, Business Manager.

Membership: Active members, 16 national voluntary agencies; advisory members, 2 federal agencies; associate members, 4 national voluntary agencies. For list of member agencies see NATIONAL ASSOCIATIONS IN SOCIAL WORK in Part One.

Purpose and Activities: To coordinate the activities of its member organizations; to carry on joint projects in the field of public health, such as those engaged in by its several committees and its cooperative program on the prevention of congenital syphilis; and to provide a service department for carrying on office and field activities, publications, etc. The Council maintains the National Health Library. The National Health Series, consisting of 20 volumes, has been prepared under the auspices of the Council. The comprehensive 3-year study of the activities of voluntary health agencies in the United States, launched by the Council in 1942, has been completed. In 1945 the Council organized the Citizens Planning Committee to furnish leadership for a movement to coordinate the work of the 20,000 voluntary health agencies of the country. The Council serves as the Health Division of the National Social Welfare Assembly.

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National Health and Welfare Retirement Association, Inc. (1945); 441 Lexington Ave., New York 17; Homer Wickenden, Secretary.

Membership: Individuals, 7,000; organizations, 850 local.

Purpose: To establish and maintain a retirement system for the purpose of providing pension benefits to employees of nonprofit organizations in the United States and Canada devoted to charitable, health, or welfare work, including religious and research organizations performing any charitable, health, or welfare work, and educational organizations engaged in such work or providing training therefor.

Periodical: Benefits, 3 or 4 issues yearly, free.

National Industries for the Blind, Inc. (1938); 15 West 16th St., New York 11; C. C. Kleber, General Manager.

Purpose: To standardize and promote the sale of blind-made products on a nonprofit basis, and to act as the allocating agency for orders for blind-made products received from the federal government. The organization was founded by the American Foundation for the Blind.

National Information Bureau, Inc. (1918); 205 East 42d St., New York 17; D. Paul Reed, Executive Director.

Membership: Individuals, foundations, firms, and organizations such as community chests, chambers of commerce, welfare departments, etc.

Activities: The organization engages in a cooperative effort for the protection of the contributing public and for the proper standardization of social, civic, and philanthropic agencies in the national, international, and interstate field. Reports on such agencies are furnished to members. Advisory service is given to organizations, including constructive help toward achieving acceptable standards of administration and financial control. The Bureau publishes a Giver's Guide to National Philanthropies and issues periodic news letters.

National Jail Association (1938); 135 East 15th St., New York 3; Roberts J. Wright, Executive Secretary.

Membership: Individuals, approximately 500.

Purpose and Activities: To band together all those concerned with or interested in the custody and care of persons awaiting trial, serving sentence, or otherwise confined in jails, with a view to improving the conditions and systems under which such persons are treated. The Association is an affiliate of

the American Prison Association, and with that Association is the sponsor of The Prison World, a publication devoted to the progressive administration of jails, prisons, reformatories, and other penal and correctional institutions.

Periodical: The Prison World, bimonthly, \$2.00 a year (published in cooperation with the American Prison Association).

National Jewish Welfare Board (1917); 145 East 32d St., New York 16; Louis Kraft, Executive Director.

Membership: Individuals, 427,000; affiliated national organizations, 38; regional organizations, 10; constituent societies, 288 YMHA's, YWHA's, and Jewish Centers.

Purpose and Activities: To promote the religious, intellectual, physical, and social well-being and development of Jews, especially young men and women, and to that end to stimulate the organization of Jewish Centers and other kindred societies; and to promote the religious and social welfare of servicemen and veterans. The Jewish Center Division (National Organization for Jewish Community Centers) gives field service to communities in relation to Jewish Center work; promotes informal Jewish education, leadership training, service to community organizations, vocational guidance and individual counseling, cultural activities for refugees, and the recruiting, training, and placement of Jewish Center professional staff; aids in establishing and supervising country and home camps; prepares program bulletins and other program aids; and maintains contacts with government bureaus on matters involving citizen education for social welfare. The Army and Navy Division serves Jewish men and women of the armed forces by the following means: recruiting and endorsing of rabbis to serve as chaplains; operation of USO clubs; service to troops of occupation; service to approximately 450 local committees in the United States, Hawaii, Puerto Rico, Alaska, Canal Zone, China, and Western Europe; and help to servicemen, veterans, and their families in dealing with their personal problems. The Women's Division, composed of 9 national women's organizations, serves the armed forces in this country and overseas by enlisting the cooperation of Jewish women's groups in its camp and hospital program. Literature to aid and guide committees toward a better understanding of the needs of returning veterans has been prepared and distributed to groups that have organized programs for civilian attitude education.

Periodicals: News and Features, weekly, free; Newsletter, weekly, free; JWB Sentinel, monthly, free; Jewish Center, quarterly, \$2.00 a year; Program Aids, quarterly, \$2.00 a year; Women's Division Bulletin, quarterly, free.

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National Kindergarten Association (1909); 8 West 40th St., New York 18; Bessie Locke, Executive Secretary.

Membership: Individuals, approximately 2,250.

Purpose and Activities: To have kindergartens provided for all of the nation's children; and, toward this end, to get more public kindergartens opened under well-trained teachers and better kindergarten laws enacted. Field secretaries are employed in every state. Weekly articles dealing with child behavior problems, prepared by experts, are issued free to 793 home demonstration agents through whom they benefit 386,461 homes, and to 931 newspapers and magazines in the United States through which they reach a circulation of over 33,496,848.

National Lawyers Guild (1936); 902 20th St., NW., Washington 6, D. C.; Martin Popper, Executive Secretary.

Membership: Individuals, 5,000; organizations, 30 local.

Purpose and Activities: To bring together all lawyers who regard adjustments to new conditions as more important than veneration of precedent, who recognize the importance of safeguarding and extending the rights of workers and farmers and of maintaining our civil rights and liberties and our democratic institutions, and who look upon the law as a living and flexible instrument which must be adapted to the needs of the people. Among its committees are those concerned with the following subjects: American citizenship, civil rights and liberties, civil service, consumers' and cooperative organizations, criminal law and criminology, farm problems, immigration and naturalization, judiciary and the administration of justice, labor laws, legal service, professional ethics, social legislation, unauthorized practice of the law, and veterans' affairs.

Periodical: Lawyers Guild Review, bimonthly, \$1.50 a year.

National League of Nursing Education (1893); 1790 Broadway, New York 19; Adelaide A. Mayo, Executive Secretary.

Membership: Individuals, 8,954; organizations, 45 state leagues.

Purpose and Activities: To consider all questions relating to nursing education and standards for schools of nursing, and to cooperate with health and educational agencies in the promotion of health teaching. Activities include research and study, accrediting of schools of nursing, preparation of books and pamphlets, and organization of an annual convention for the discussion of the organization's objectives. The League functions as the Department of Education of the American Nurses' Association.

National League to Promote School Attendance (1911); 108 Washington St., Cumberland, Md.; Arthur G. Ramey, Secretary.

Membership: Individuals, approximately 600.

Purpose and Activities: To promote education, pupil adjustment, attendance, and school social welfare service. The League supports efforts for the best legislative means of keeping children in school throughout the nation; studies trends in child labor activities, looking toward a time when no child will be deprived of his birthright for an education or forced to enter the field of labor before completion of his education; recommends a case study on each problem of attendance which is aggravated by maladjustment either in school or at home; and supports the demand for more adequate training for people entering the field of attendance work.

Periodicals: The National Leaguer, 10 issues during the school year, \$1.00 a year; Proceedings, annually.

National Legion of Decency (1934); 35 East 51st St., New York 22; Very Rev. Msgr. John J. McClafferty, Executive Secretary.

Activities: These consist of the review and moral classification of current feature motion pictures, and the publication and distribution of such classifications. The Motion Picture Department of the International Federation of Catholic Alumnae is the official reviewing agency for the Legion.

Periodical: National Legion of Decency List, weekly, \$2.50 (third class mail) and \$3.50 a year (first class mail).

National Medical Council on Birth Control (1936); Room 1704, 501 Madison Ave., New York 22; Dr. J. H. Upham, Chairman.

Membership: Individuals, 196 physicians.

Purpose: To establish and control all medical policies of the Planned Parenthood Federation of America; to advance education in the techniques of contraception through medical schools, postgraduate seminars, and institutes on public health administration; to formulate standards for contraceptive practice and materials; and to initiate and correlate applied research in the clinical application of birth control.

National Mental Health Foundation, Inc. (1946); P. O. Box 7574, Philadelphia 1; Harold Barton, Executive Secretary.

Membership: Individuals, 2,500.

Purpose and Activities: To conduct a national mental health program of prevention, education, and improvement. The Foundation, a nonprofit organization, is an outgrowth of the former Mental Hygiene Program of Civilian Public Service. It seeks to por-

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tray to the public the need for a comprehensive effort to prevent mental illness and deficiency and to support facilities for adequate treatment of nervous and mental disorders. The Foundation is prepared to assist local and state mental health groups and other organizations interested in promoting mental health with literature, posters, visual aids, radio programs, and other types of educational material, all of which are specifically designed for lay audiences. The preparation and distribution of specially prepared training manuals and periodicals for institutional employees is an important activity. The Foundation's Legal Division is engaged in making a country-wide survey of all laws pertaining to mental illness, and the results will be available to all interested persons. All of the Foundation's activities are reviewed by an advisory staff of prominent psychiatrists and public health administrators.

Periodical: The Psychiatric Aid, monthly, \$1.00 a year.

National Music Week Committee (1924); 315 Fourth Ave., New York 10; C. M. Tremaine, Secretary.

Membership: Individuals, representatives of 33 national agencies.

Purpose: To promote the observance of National Music Week annually, beginning the first Sunday in May, with the local cooperation of schools, churches, clubs, stores, musical societies, music teachers, music dealers, and municipal authorities. Responsibility for the executive direction of the Committee is with the National Recreation Association.

National Negro Congress (1935); 307 Lenox Ave., New York 27; Max Yergan, President.

Membership: Individuals, approximately 3,000,000 Negro and white members, through local councils and affiliated organizations.

Purpose and Activities: To promote unity among individuals and organizations in a common struggle to secure full citizenship rights and complete integration of Negro people into American life. Characteristic of the organization's activities are the initiation and support of "jobs for Negroes" campaigns; legislative lobbying on all measures affecting education, employment, health, housing, and civil rights; activities on the labor front especially to further trade unionism among Negroes; mobilization of all members, as well as other citizens, for positive and continuing political action on crucial issues facing the nation; curbing of false racial theories expressed through degrading representation of Negroes in motion pictures, radio, the press, and the theater; and education through literature and other media designed to increase understanding of the role of our nation in preserving

peace in collaboration with the other members of the United Nations.

Periodical: Congress View, monthly, \$1.00 a year.

National Nursing Council, Inc. (1940); name changed in 1945 from National Nursing Council for War Service; 1790 Broadway, New York 19; Mrs. Elmira B. Wickenden, R.N., Executive Secretary.

Membership: Representatives of 3 federal and 11 national voluntary agencies, and members-at-large.

Purpose and Activities: To improve the health services of the nation through intelligent approach to the problems of quantity and quality of nursing services. The Council seeks to activate the "Comprehensive Program for Nation-wide Action in the Field of Nursing," which is a synthesis of postwar plans of the Council's nursing member agencies brought together by its National Nursing Planning Committee. Projects under this program include the enrollment of student nurses; the determination of nursing resources and needs; a study of the organization, administration, control, and sources of financial support of schools and programs of nursing education; establishment of a single professional accrediting body to bring together and into harmony the varied accrediting services now offered by 8 different national groups; a study of the socio-economic status of nurses in comparison with workers of other selected occupations; and the establishment of a central clearing and information bureau to handle international nursing problems.

National Organization for Public Health Nursing, Inc. (1912); 1790 Broadway, New York 19; Ruth Houlton, R.N., General Director.

Membership: Individuals, 10,241; organizations, 356.

Purpose and Activities: To promote and make more effective all types of public health nursing services throughout the country through the following means: maintenance of a clearinghouse of information for those administering or otherwise engaged in public health nursing; development of standards in policies, practices, and qualifications; contact with local, state, and national agencies administering public health services; and maintenance of co-operative relationships with other national health and social agencies. Activities include advisory and consultation service, the approving of university programs of study in public health nursing, field studies, special statistical studies, and the development of lay interest and participation in this field of community service.

Periodicals: Public Health Nursing, monthly, \$3.00 a year, \$2.00 to members; P.H.N., quarterly, 10 cents a copy.

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National Parks Association (1919); 1214
16th St., NW., Washington 6, D. C.; Devereux
Butcher, Executive Secretary.

Membership: Individuals, approximately 2,000.

Purpose and Activities: To give the nation a voice in promoting the continued preservation of primeval conditions in the national parks and in certain national monuments, and to maintain the high standards of the national parks adopted at the creation of the U.S. National Park Service; to preserve nationally important wild and wilderness country and its virgin forests, plantlife, and wildlife elsewhere in the nation; and to win all America to the appreciation of nature. When plans are proposed that merely would provide profit for the few, but which at the same time would impair this superlative national heritage, the Association points the way to more constructive programs. Subscribers to the National Parks Magazine include 650 schools, universities, and public libraries.

Periodicals: National Parks Magazine, quarterly; News Service Releases, issued irregularly (only on matters of emergency).

National Planning Association (1934);
800 21st St., NW., Washington 6, D. C.; E. J.
Coil, Executive Director.

Membership: Individuals, 2,500.

Purpose and Activities: To make extensive studies and recommend for public consideration constructive policies for dealing with national and international social and economic problems, under the guiding principle of achieving through democratic means the highest possible material and cultural standard of living for all. A nonprofit, nonpolitical organization, the Association serves as a common meeting ground for persons experienced in agriculture, business, labor, and the professions to study jointly problems of nation-wide interest, in an effort to narrow the areas of controversy and to broaden the areas of agreement. A permanent staff provides research and administrative services to the standing and special committees.

Periodicals: Public Policy Digest, monthly except July and August, 25 cents a copy; Planning Pamphlet Series, 10 issues or more a year, 25 cents a copy; \$5.00 a year for both to libraries, educational organizations, and students.

National Prisoners' Aid Association
(1910); 608 South Dearborn St., Chicago 5; Eugene S. Zemans, President.

Membership: Individuals, 60; organizations, 3 national, 20 state, and 5 local.

Purpose: To develop and extend work for prisoners including prison visitation, inspection of correctional institutions, assistance to prisoners, proba-

tion, parole, legislation, research, and public education on the problems of penology and criminology.

National Probation Association (1907);
1790 Broadway, New York 19; Charles L. Chute,
Executive Director.

Membership: Individuals, approximately 31,000.

Purpose and Activities: To study and standardize methods of probation and parole work, both juvenile and adult, by conferences, field investigations, and research; to extend and develop the probation and parole systems by legislation, the publication and distribution of literature, and in other ways; to promote the establishment and development of juvenile courts, domestic relations or family courts, and other specialized courts using probation; and to cooperate with local, state, and national organizations to bring about rational treatment and prevention of delinquency and crime. The Association publishes reports on surveys and model laws, a study manual, and a directory of probation and parole officers, and issues special pamphlets. In 1945 the Association adopted a statement of standards for the selection of probation and parole officers.

Periodicals: Probation, 5 issues yearly, \$1.00 a year; The Yearbook (proceedings of the annual conference), \$1.25 a copy (paper), \$1.75 (cloth).

National Public Housing Conference, Inc. (1931); 1015 15th St., NW., Washington 5, D. C.; Lee F. Johnson, Executive Vice President.

Membership: Individuals and organizations, approximately 3,000.

Purpose: To stimulate a wider interest in providing homes of modern standards of health, sanitation, and safety through the development of a nationwide program of slum clearance and low-rent housing; and to mobilize all of our national resources, both public and private, to the end that every citizen, regardless of income, shall be decently housed in a socially and economically sound living environment.

Periodical: Public Housing, monthly, \$2.00 a year.

National Publicity Council for Health and Welfare Services, Inc. (1921); name changed in 1943 from Social Work Publicity Council; 130 East 22d St., New York 10; Mrs. Sallie Bright, Executive Director.

Membership: Organizations, approximately 2,000 governmental and voluntary social and health agencies.

Purpose and Activities: To stimulate and develop better interpretation of social problems and social work. The Council serves as a clearinghouse for information and ideas on publicity and public rela-

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tions for governmental and voluntary social, health, and civic agencies; publishes a periodical, Channels, and special bulletins on interpretation; and maintains a critical editorial service for service members.

Periodical: Channels, monthly except July and August, \$5.00 a year.

National Recreation Association (1906);
315 Fourth Ave., New York 10; Howard Braucher, President.

Membership: Individuals, approximately 12,800.

Purpose and Activities: To promote a program whose purpose is that every child in America may have a chance to play, and that all persons, young and old, may have an opportunity to find the best and most satisfactory manner of using leisure time. To this end urban and rural localities are assisted to obtain or develop more and better playgrounds, playfields, and other recreation facilities, recreation buildings and schools designed for community recreation use, and recreation programs including music, drama, arts and crafts, sports, nature recreation, and gardening. Assistance is also offered in developing family play in the home, church recreation, and programs for industrial workers. Special services are available to communities in the selection and training of paid and volunteer leadership, the organization and administration of local recreation programs, recreation legislation, city planning for play and recreation, and the planning and administration of recreation systems. The Association acts as a clearinghouse for information on recreation problems, answers inquiries, conducts studies, publishes literature, holds an annual National Recreation Congress, and cooperates with state and federal agencies and national organizations in the public and private recreation field. Responsibility for the executive direction of the National Music Week Committee is with the Association.

Periodicals: Recreation Bulletin Service, biweekly except August, \$2.50 a year; Recreation, monthly, \$3.00 a year.

National Recreation Policies Committee (1945); 3616 Fessenden St., NW., Washington 8, D. C.; Charles K. Brightbill, Secretary.

Purpose and Activities: To study and review carefully problems of national significance relating to the field of recreation and to recommend objectively ways and means of helping in their solution. The Committee is a nonprofit, voluntary, and independent board of policy and strategy, representing a wide variety of recreation interests, both governmental and voluntary, in America. Although its 26 members hold responsible positions with outstanding national, state, and local agencies, they do not represent their respective organizations on the Committee.

National Rehabilitation Committee, American Legion (1919); 1608 K St., NW., Washington 6, D. C.; T. O. Kraabel, Director.

Purpose and Activities: To act as the agent of veterans and dependents of veterans of either World Wars I or II in dealing with federal, state, and local agencies handling rehabilitation, dependency, and physical care programs of veterans. The Veterans Administration has recognized the Committee as an authorized agency to represent veterans and their dependents in handling claims for federal benefits. A paid staff of 66 trained specialists (27 at Washington office and 39 at Veterans Administration branch offices) coordinates the national activities with the work of hundreds of paid and volunteer workers in every state.

National Religion and Labor Foundation (1932); 106 Carmel St., New Haven 11; Dr. Willard Uphaus, Executive Secretary.

Membership: Individuals, approximately 1,000; organizations, 1 national, 2 regional, and 20 local.

Purpose and Activities: To develop and express a ministry of interpretation and understanding between the organized religious and organized labor movements in the United States; and to unite them in fellowship and action for the common objectives of brotherhood, justice, and peace. The Foundation is an interfaith, interracial, and interunion fellowship including Catholics, Jews, and Protestants in which organized labor plays a bona fide role. Activities include the following: holding field seminars to study social and labor problems, exchanging fraternal delegates between church and labor bodies, setting up conferences, defending workers in their legitimate campaigns for justice, organizing chapters in theological seminaries and centers in industrial cities, holding hearings and publishing special reports, and working for progressive labor legislation.

Periodical: Economic Justice, monthly October through May, 75 cents a year.

National Research Council (1916); 2101 Constitution Ave., Washington 25, D. C.; Dr. Ross G. Harrison, Chairman.

Membership: Individuals, 220 (appointive), including representatives from 87 scientific and technical societies in cooperative but not constituent relationship, and a limited number of members-at-large.

Purpose and Activities: To encourage and support research in the natural sciences, in cooperation with government agencies, educational institutions, scientific societies, industrial corporations, and individual scientists. Among committees of the Council having a bearing upon social problems are those dealing with the following topics: biological proc-

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esses of aging, child development, growth, human heredity, nutritional problems, problems of deafness, research in problems of sex and endocrinology, statistics, and wildlife and nature reserves.

National Safety Council, Inc. (1913); 20 North Wacker Dr., Chicago 6; Ned H. Dearborn, President.

Membership: Approximately 7,500 individuals, industries, transportation and insurance companies, schools, labor and trade associations, chambers of commerce and other civic organizations, and departments of city, state, and national government throughout the United States, Canada, and many other countries.

Purpose and Activities: To reduce the number and severity of all kinds of accidents—at home, on the farm, at work, in the schools, and on the streets and highways. The Council serves chiefly as a national and international clearinghouse to gather and distribute information about causes of accidents and ways to prevent them. Through its headquarters, regional offices, and affiliated state and local units, it carries on a continuous and unified program of accident prevention.

Periodicals: Industrial Supervisor, National Safety News (official organ), Public Safety, Safe Driver, Safe Worker, Safety Education, all monthly; Farm Safety Review, Home Safety Review, both bi-monthly.

National Service Board for Religious Objectors (1940); 941 Massachusetts Ave., NW., Washington 1, D. C.; Paul Comly French, Executive Secretary.

Membership: Organizations, 39 national.

Purpose: To act as a clearinghouse and liaison between agencies for conscientious objectors and the Selective Service System, to give information to those who are concerned with regulations regarding conscientious objectors, and to act as an administrative aid in operating Civilian Public Service Camps.

Periodical: The Reporter, semimonthly, \$1.00 a year.

National Sharecroppers Fund, Inc. (1943); 8 West 40th St., New York 18; Alfred Baker Lewis, Secretary-Treasurer.

Purpose and Activities: To acquaint the nation with the tragedy of the impoverished Negro and white farm population of the rural South—tenant farmers, sharecroppers, and wage hands—and to bring the American public to the realization of their moral responsibility in this destruction of human values; and to support those movements in and of the South working toward the social and economic emancipation of these millions, with funds and in

every other way possible. The Fund promotes the lifting of the standards of life of the "poor white" and Negro population through proper organization, the development of cooperatives designed to create greater purchasing power among low-income farm people, the establishment and development of good race relations, the initiation of social rehabilitation projects, the encouragement of honest study and experimentation toward solving the chronic economic problems of the agricultural South, the abolition of the poll-tax, and the end of lynching.

National Social Welfare Assembly, Inc. (1946); 1790 Broadway, New York 19; Robert E. Bondy, Director.

Membership: 88 individuals nominated by 33 affiliate national voluntary organizations, 11 federal agencies, and 5 associate groups; and 32 elected members-at-large. For list of member agencies *see* NATIONAL ASSOCIATIONS IN SOCIAL WORK in Part One.

Purpose and Activities: To provide a means of consultation and conference on social welfare needs and programs, and to provide leadership and facilities for affiliate social welfare agencies and associate groups of agencies and individual members to plan and act together voluntarily in matters of common interest. General functions of the organization include: forum and discussion, national coordination, national planning primarily in terms of special projects, liaison with government agencies, research and fact finding, and common services. The Service Cooperation Committee of the former American War Community Services functions as a committee of the Assembly. The following agencies, now closely affiliated with or integral parts of the Assembly, are listed separately in this section of DIRECTORY OF AGENCIES: Associated Youth Serving Organizations, Inc., Education-Recreation Council of the National Social Welfare Assembly, National Committee on Service to Veterans of the National Social Welfare Assembly, National Health Council, and Social Case Work Council of the National Social Welfare Assembly. The Assembly is an outgrowth of the former National Social Work Council.

National Society for Crippled Children and Adults, Inc. (1921); name changed in 1944 from National Society for Crippled Children of the United States of America; 11 South LaSalle St., Chicago 3; Lawrence J. Linck, Executive Director.

Membership: Organizations, 2,000 affiliated state and local societies in 42 states.

Purpose and Activities: To organize and develop state societies for the welfare of crippled children and the physically handicapped; to establish necessary state and federal legislation for the care, educa-

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tion, and rehabilitation of the physically handicapped; to coordinate the program in all its phases for the best interest of the physically handicapped; to conduct an institute for training administrators in this field of work; to maintain a Bureau of Information; and to issue periodical literature and other bulletins. A cerebral palsy service was established in May, 1946, for the purpose of organizing and developing a nation-wide program of assistance for spastics.

Periodicals: Bulletin on Current Literature, monthly except August, 50 cents a year; The Crippled Child, bimonthly, \$1.00 a year; The Crippled Child Bulletin, bimonthly, free; Institutional Bulletin, issued periodically to institutional members.

National Society for the Prevention of Blindness, Inc. (1915); 1790 Broadway, New York 19; Mrs. Eleanor Brown Merrill, Executive Director.

Membership: Individuals, approximately 30,000 (members and donors).

Purpose and Activities: To study causes of blindness or impaired vision, to advocate measures leading to the elimination of such causes, to serve as a clearinghouse and stimulating agent for professional groups directly or indirectly responsible for saving sight, and to disseminate to the public information about eye care and protection. The Society assists health, welfare, education, safety, and other related agencies, governmental or volunteer, to incorporate appropriate conservation of vision activities into their major programs; collaborates in eye health training of teachers, nurses, and social workers; initiates or cooperates in demonstration projects; and stimulates research. Institutes, courses, meetings, consultation service, publications, exhibits, motion picture and talking slide films, the radio, and press are utilized for public and professional education.

Periodicals: Sight-Saving Review, quarterly, \$2.00 a year; Eye Health and Safety News, occasional issues, free.

National Society for the Study of Education (1895); 5835 Kimbark Ave., Chicago 37; Nelson B. Henry, Secretary.

Membership: Individuals, approximately 1,600.

Purpose and Activities: To promote the investigation and discussion of educational questions. The Society holds annual meetings in February at the same time as the American Association of School Administrators. It has published yearbooks on Health and Education, The City School as a Community Center, Vocational Guidance and Vocational Education for Industries, Preschool and Parent Education, Educational Guidance, Adolescence, and other similar topics of interest to social workers.

National Travelers Aid Association (1917); 425 Fourth Ave., New York 16; Bertha McCall, General Director.

Membership: Individuals, 871 cooperating representatives covering 1,158 cities; organizations, 103 covering 437 cities.

Purpose and Activities: To provide an essential correlation of the service and development of the travelers' aid organizations and service to moving people of the United States through the work of field representatives, the collection and distribution of information, the arrangement of district meetings and institutes, and the securing of cooperating representatives. The Association holds meetings biennially. As one of the 6 member agencies of the United Service Organizations, Inc., it has supervision of the USO Travelers Aid Service Units and general supervisory responsibility for the Lounges for Troops in Transit.

Periodical: Shifting Scenes, monthly, \$1.00 a year.

National Tuberculosis Association (1904); 1790 Broadway, New York 19; Dr. Kendall Emerson, Managing Director.

Membership: Individuals, 3,069; organizations, 2,900 affiliated associations.

Purpose and Activities: To study tuberculosis in all its forms and relations; to disseminate knowledge concerning the causes, treatment, and prevention of tuberculosis; to stimulate, unify, and standardize the work of the various antituberculosis agencies throughout the country, especially the state and local associations; to cooperate with all other health organizations in the coordination of health activities; and to promote international relations in connection with health activities in the study and control of tuberculosis. The Association serves as a clearinghouse for research, information, advice, and literature dealing with tuberculosis work.

Periodicals: American Review of Tuberculosis, monthly, \$8.00 a year; Bulletin, monthly, free; Tuberculosis Abstracts, monthly, 50 cents a year; Transactions, annually, \$3.00 a copy.

National Urban League (1910); 1133 Broadway, New York 10; Lester B. Granger, Executive Secretary.

Membership: Individuals, approximately 25,000; organizations, 54.

Purpose and Activities: To promote interracial organization and action; to improve economic and social conditions among Negro populations in cities; to conduct social research and planning in behalf of the Negro population; to promote specific social work activities among Negroes until other agencies are found to accept responsibility for such programs; to promote the occupational advancement

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of Negroes by carrying on programs of industrial relations, vocational guidance, and public education; and to encourage the training of Negro social workers through fellowships in accredited schools of social work. Under grant from the General Education Board, the League is currently carrying on a demonstration project aimed at relieving racial tensions and improving welfare services to Negroes in selected industrial communities throughout the country. The project is carried on in cooperation with 14 other national social agencies, working in partnership with civic and social work leadership in the project cities. Reports of this and other League activities are published in occasional bulletins and pamphlets.

Periodical: Opportunity, Journal of Negro Life, quarterly, \$1.50 a year.

National Vocational Guidance Association, Inc. (1913); Room 510, 82 Beaver St., New York 5; Christine Melcher, Executive Secretary.

Membership: Individuals, 4,300; organizations, 73.

Purpose: To unite all of those persons engaged in or interested in any phase of vocational guidance in the United States into one national organization, and into branch organizations representing specific localities or specific problems of guidance; to encourage the formation of branch vocational guidance associations; to encourage experimentation in and the establishment of vocational guidance service in communities of the United States; to formulate standards and principles; and to gather and disseminate information regarding problems of and progress in vocational guidance.

Periodical: Occupations, the Vocational Guidance Journal, monthly October through May, \$3.50 a year in United States, \$4.50 in other countries.

National Women's Trade Union League of America (1903); 317 Machinists Bldg., Washington 1, D. C.; Elisabeth Christman, Secretary-Treasurer.

Membership: Local branches, 15.

Purpose and Activities: To serve the interests of wage-earning women through organization of workers into trade unions, collective bargaining agreements between unions and employers, legislation for the workers' economic and social good, workers' education, and interpretation of labor problems to the public; and to deal with all problems affecting wage-earning women, particularly a standard of living commensurate with the nation's productive capacity, equal pay for equal work regardless of sex or race, cooperation with trade union women of other countries, and international cooperation to maintain peace. The League provides a common meeting ground for women of all groups who en-

dorse the principles of democracy and wish to see them applied to industry.

Periodical: Life and Labor Bulletin, mimeographed, monthly.

Navy Relief Society (1904); Room 0137, Navy Department, Washington 25, D. C.; Vice Admiral R. M. Brainard, U.S.N., Ret., Executive Vice President.

Purpose and Activities: To collect funds and provide relief and aid in time of emergency need for dependent widows, minor orphan children, and dependent mothers of missing and deceased naval personnel, which includes personnel of the Marine Corps and of the Coast Guard while acting as a part of the Navy in time of war. In addition, the Society assists in providing hospitalization and medical and surgical care for dependents of active naval personnel. Financial assistance may be given in the form of a loan without interest or a gratuity. Wherever possible, dependents are assisted in meeting and solving their problems through wise counsel, help in finding employment, and in other ways not involving financial expenditure. The work of the Society is carried out by the headquarters office and by auxiliaries of the Society which have been established at all of the principal naval stations in the United States, Hawaii, and the Canal Zone. Branches of these auxiliaries are in operation at some of the smaller stations.

Needlework Guild of America, Inc. (1885); 1201 Chestnut St., Philadelphia 7; Alma H. Desborough, Executive Secretary.

Membership: Individuals, approximately 1,000,000; branches, 600 in 42 states.

Purpose and Activities: To collect new garments annually and distribute them to hospitals, homes, and other charities; and to extend the Guild's usefulness by the organization of branches. The Guild cooperates with the American National Red Cross in disaster relief. It is affiliated with the General Federation of Women's Clubs and is a member of the National Conference of Social Work.

New York Foundation, Inc. (1909); 61 Broadway, New York 6; Jerome H. Schloss, Secretary.

Purpose and Activities: To apply its income to such altruistic purposes (charitable, benevolent, educational, or otherwise) as the trustees may determine. Recent interests have been in the fields of education, health, and social welfare.

Nutrition Clinics, Inc. (1919); 290 Commonwealth Ave., Boston 15; Mabel Skilton, Executive Secretary.

Activities: These include the organization of a

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physical fitness service for younger children and those of school and college age chiefly to correct malnutrition, and for adults to correct physical unfitness; cooperation with all child-helping agencies and boards of health and education; institutes for the special training of nutrition and physical fitness workers; and the publication and distribution at cost of forms for carrying on the work and reprints of articles on health.

Nutrition Foundation, Inc. (1941); 405 Lexington Ave., New York 17; Dr. Charles Glen King, Scientific Director.

Purpose and Activities: To develop a comprehensive program of fundamental research providing basic information in the science of nutrition, and to develop an educational program to make the science of nutrition effective in the lives of present and future generations. The entire program is one of public service, and distinguished representatives of the public serve on the board of trustees. The Foundation was established by manufacturers of food and related products.

Periodicals: Nutrition Reviews, monthly, \$2.00 a year; Report of Scientific Director, annually, free.

Osborne Association (1932); 114 East 30th St., New York 16; Austin H. MacCormick, Executive Director.

Membership: Individuals, 1,000.

Purpose and Activities: To study present methods of dealing with juvenile and adult offenders, from arrest to final release from institutions or from parole; to collect the facts about American penal and correctional institutions, and to put the facts so gathered before the public; to suggest better and more effective methods of dealing with crime and the offender; to promote the development of correctional institutions and agencies with adequate and well-trained staffs and well-rounded programs for the individualized training and treatment of the offender; and to help released prisoners in their problems of readjustment, by securing employment and giving such other assistance as they may require. The Association conducts surveys of both juvenile and adult institutions on a nation-wide basis and publishes the reports in its Handbook of American Prisons and Reformatories and Handbook of American Institutions for Delinquent Juveniles. It maintains an Employment and Relief Bureau.

Pathfinders of America, Inc. (1914); South Euclid Sta., Cleveland; A. L. Bittikofer, Executive Secretary.

Membership: Individuals, approximately 1,500 adults and 300,000 students; organizations, 50 in 6 states and foreign countries.

Activities: The organization promotes and carries

on a moral training program in human engineering in public, private, and parochial schools. Since 1945, 3 selected and trained teachers have been employed by the Cleveland Board of Education to carry on the Pathfinder program of character education in 25 different schools, reaching 9,000 pupils each year; also 2,500 home councils have been set up, where pupils discuss Pathfinder lessons with parents. The organization also conducts some educational work among prisoners, so that while still in prison they may fit themselves for release. The activities are nonreligious.

Penal Industries Association (1941); 4000 Cooper St., Jackson, Mich.; J. F. Munnell, Secretary-Treasurer.

Membership: Individuals, 450.

Purpose and Activities: To serve as a clearinghouse for the exchange of ideas and information between executives of penal industries and the furthering of penal industrial activities. The Association is national in scope, with representatives and membership in each of the several states and the federal government. Its members are actively engaged in administering industries in the penal institutions of the country. The Association is an affiliate of the American Prison Association.

Periodical: Penal Industries Review, quarterly, \$1.00 a year.

People's Committee for Mental Hygiene (1945); 154 Nassau St., New York 7; Ellen C. Philtine, Chairman.

Membership: Individuals, 350; sponsors, 1,000; sponsoring organizations, 42.

Purpose and Activities: To aid in the solution of nation-wide problems of mental disease. The Committee's activities include the following: distribution of educational literature on mental disease; research in the care, treatment, and cure of mental illness; research in the personnel problems of mental institutions; research into methods and standards of post-hospital care; research in administration of mental institution facilities; establishment of rehabilitation centers for patients as half-way homes between mental hospital life and life outside mental institutions; and establishment and maintenance of a fund to carry out the foregoing.

Periodical: Bulletin, monthly, free.

People's Lobby, Inc. (1928); 810 F St., NW., Washington 5, D. C.; Benjamin C. Marsh, Executive Secretary.

Membership: Individuals, approximately 4,300.

Purpose and Activities: To represent the common interests of the common people in relation to federal legislation. Its recent interests include unem-

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ployment insurance; taxation of incomes, estates, and land values; public ownership of natural resources, natural monopolies, and basic industries; and government farming and marketing corporations.

Periodical: People's Lobby Bulletin, monthly, \$1.00 a year.

Phelps-Stokes Fund (1911); 101 Park Ave., New York 17; Dr. Channing H. Tobias, Director.

Activities: The Fund has devoted its major attention to Negro education and race relations in the United States and Africa, and the improvement of New York City housing conditions. In the field of social work it has sponsored the University Commission on Race Relations; the Commission on Interracial Cooperation; the Committee on Negro Americans in Defense Industries; the Committee on Africa, the War, and Peace Aims; and various interracial institutes, making the problem of relations between the white and Negro groups in this country and Africa one of its major interests.

Physicians Forum for the Study of Medical Care (1939); 510 Madison Ave., New York 22; Dr. Ernst P. Boas, Chairman.

Activities: The Physicians Forum is a national organization active in studying methods for the improvement and better distribution of medical care through the agency of meetings, a Bulletin, and occasional pamphlets. It promotes the education of physicians in the field of the social and economic aspects of medicine, and cooperates with consumer groups in studying and promoting better methods of medical care. The prerequisite for membership is membership in the American Medical Association, the National Medical Association, or the local county medical society.

Periodical: Physicians Forum Bulletin, approximately 6 issues yearly, \$1.00 a year.

Pioneer Youth of America, Inc. (1924); 45 Astor Pl., New York 3; Walter Frank, President.

Membership: Individuals, 825 adults.

Purpose and Activities: To build strong, healthy, and well-balanced bodies and minds in boys and girls between the ages of 7 and 16, regardless of race, creed, or color; to cultivate through creative activity their power to think clearly and freely and act courageously; to acquaint them with the social and economic problems that face the world; and to develop in them a sense of social responsibility and justice. Activities include coeducational camping. For many years the organization conducted a program of neighborhood clubs and activities at headquarters. During the war years this program was

largely in abeyance, but it is hoped to resume the club activities as qualified leadership and meeting places again become available. The organization is sponsored by trade unions.

Planned Parenthood Federation of America, Inc. (1939); 501 Madison Ave., New York 22; D. Kenneth Rose, National Director.

Membership: 33 state organizations and their affiliated local committees.

Purpose and Activities: To foster planned parenthood by making birth control information available under medical auspices to those who desire and need it, to help childless couples obtain treatment for infertility, to provide education for marriage and parenthood, and to promote research in the physiology of human fertility. The Federation seeks the inclusion of child spacing in hospital and public health services, and promotes the establishment of state leagues and medically directed planned parenthood clinics. It carries on a program of interpretation to the public and to professional workers concerned with health and welfare, including physicians, nurses, social workers, and clergymen. It provides consultant services to member leagues and local committees on problems of organization, education, clinic administration, and the integration of planned parenthood into community health and welfare programs.

Periodicals: Newsletter, monthly; Human Fertility, bimonthly, \$2.00 a year.

Play Schools Association, Inc. (1917); 119 West 57th St., New York 19; Mrs. Adele S. Mossler, Director.

Membership: Individuals, 2,015.

Activities: The Association serves children through play schools and child care centers providing health, educational, and recreational facilities for children from 5 to 14 years of age, after school during the winter and all day during the summer. A work-play program is carried on under trained leadership for children registered in small groups according to age. These centers are conducted by various child care agencies, some observation centers being operated directly by the Association. They are located in public and private schools, churches, housing projects, community centers, settlements, and private buildings. The Association draws upon community resources and acts as a coordinating group cooperating with governmental and voluntary agencies; gives advisory service on care of school-age children during their out-of-school hours; trains teachers for play school programs through courses and consultation on the job; and helps parents to a greater insight in family problems through discussion groups, and through case workers functioning

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in schools. Published material, a play school film, and advisory and field service extend the work throughout the country.

Presbyterian Church in the United States of America, Board of National Missions (1923); 156 Fifth Ave., New York 10; Dr. E. Graham Wilson, General Secretary.

Activities: The Board administers the missionary work of the denomination in this country. Included in its program are community centers, work among migrants, and other types of social work.

Presbyterian Church in the United States of America, Department of Social Education and Action, Board of Christian Education (1923); 830 Witherspoon Bldg., Philadelphia 7; Elsie G. Rodgers, Acting Director.

Purpose: To develop in the Church a sense of responsibility for decisive action based on accurate information and Christian attitudes with reference to economic and industrial relations, war and peace, racial and group problems, family relationships, temperance, and other social questions; to present to the leaders in the Church a practical and constructive plan of social education and action; to make available to leaders of all groups in the Church suitable materials for carrying on such a program; and to cooperate with other organizations and agencies in the promotion of these purposes.

Periodicals: Social Progress, monthly, 50 cents a year; Report of the Standing Committee of General Assembly on Social Education and Action, annually.

Presbyterian Church in the United States, Committee on Christian Relations (1946); P. O. Box 5094, Richmond 20, Va.; Dr. John H. Marion, Jr., Director.

Purpose: To teach men, in accordance with Christ's command, to love their neighbors as themselves, and to do this in every area of life, in the social sphere as well as in the individual sphere, and particularly in the following areas: the home, school, church, industry, politics, racial contacts, and international affairs.

Periodical: The Bridge, monthly, 50 cents a year.

Presbyterian Church in the United States, Committee on Social and Moral Welfare (1934); 201 Washington St., S.W., Atlanta 3; Dr. Stuart R. Oglesby, Chairman.

Activities: The Committee's activities are confined to a study of social and moral conditions during the year. The results of that study are reported to each General Assembly of the Presbyterian Church with recommendations for action on the part of the Assembly.

Presbyterian Fellowship for Social Action (1935); 345 Roosevelt Ave., Syracuse 10, N. Y.; Rev. G. Shubert Frye, Secretary-Treasurer.

Membership: Individuals, 300.

Activities: These include active participation among ministers and members of the Presbyterian Church in the United States of America, in efforts to promote world peace, civil liberties, economic justice, better race relations, and interchurch and interfaith cooperation on all lines pertaining to the common welfare; careful scrutiny of proposed social legislation and of areas of industrial disturbance with a view to discerning the ethical issues involved; issuance of occasional news letters and printed matter for information and suggested action on the part of individual Christians or church groups; encouraging or sponsoring regional and seasonal conferences for ministers and laymen and young people; and establishing and maintaining fraternal relationships with church, labor, or business groups in the interests of social justice. The Fellowship is affiliated with the United Christian Council for Democracy.

Protestant Episcopal Church, National Council, Division of Christian Social Relations (1919); 281 Fourth Ave., New York 10; Rev. Dr. Almon R. Pepper, Executive Secretary.

Membership: Provincial departments, 8; diocesan departments, 90.

Purpose: To stimulate and coordinate social education and action and community welfare programs of the parishes, dioceses, and provinces of the Episcopal Church; to provide advisory and consultative service to Episcopal social work agencies (child care, homes for aged, city mission and chaplaincy service, hospitals, convalescent homes, and settlements); and to represent the cooperative interests of the Episcopal Church to other national welfare agencies. The Division includes the Episcopal Committee for European Refugees.

Public Administration Clearing House (1931); 1313 East 60th St., Chicago 37; Herbert Emmerich, Director.

Purpose and Activities: To facilitate the interchange of information, points of view, ideas, and experience among organizations of public officials, organizations of citizens, and other groups which are planning for improvements in the administrative technique of government; to encourage closer cooperation among these groups; and to assist in making available to each group the information and technical resources and experience at the disposal of other organizations, thus preventing overlapping of program and duplication of effort. The organization publishes a directory of agencies in the field of

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public administration, calls special conferences, maintains a personnel exchange service, and disseminates information concerning significant developments in the field of public administration by distributing a news bulletin and by publishing lists of selected bibliographical references.

Periodical: Recent Publications on Governmental Problems, weekly, \$5.00 a year.

Public Administration Service (1933); 1313 East 60th St., Chicago 37; H. G. Pope, Executive Director.

Activities: The Service furnishes cities, counties, states, and the federal government with advisory services on public welfare and other governmental problems; makes administrative surveys, reorganizes departments and offices, improves operating procedures, and drafts laws; and conducts research projects in public administration and in devising systems for scientific measurement and control of government activities. The Publications Division publishes monographs and books covering varied problems of governmental administration, designed chiefly to aid operating officials but published for general sale; and serves constituent organizations as editorial and publication agency. The governing board of the organization consists of the directors of 13 national organizations.

Public Affairs Committee, Inc. (1936); 30 Rockefeller Plaza, New York 20; S. M. Keeny, Secretary.

Purpose: To make available in summary and inexpensive form the results of research on social and economic problems to aid in the understanding and development of American policy. The sole purpose of the Committee is educational. It has no economic or social program of its own to promote, and it will at no time disseminate controversial or partisan propaganda or otherwise attempt to influence legislation.

Periodical: Public Affairs Pamphlets, monthly, 10 cents a copy, \$1.00 a year.

Rauschenbusch Fellowship of Baptists (1937); Crozer Campus, Chester, Pa.; Dr. John Thomas, President.

Membership: Individuals, 257.

Purpose and Activities: To promote the establishment of a social economy which, under social ownership and democratic control of the common means of life, will contribute to the highest potential development of persons and society. By individual and group action the members seek to implement these aims by supporting necessary economic and political action, drawing upon the spiritual resources which are essential for the redemption of society.

Periodical: Rauschenbusch Fellowship News, occasional issues, free.

Reformed Church in America, General Synod's Committee on Social Welfare (1900); 156 Fifth Ave., New York 10; Frank A. Huff, Secretary.

Purpose: To consider national social issues and to present them to the Reformed Church in America with specific recommendations.

Periodical: Proceedings, annually, \$1.00 a copy.

Refugee Economic Corporation (1934); 570 Lexington Ave., New York 22; Charles J. Liebman, President.

Purpose and Activities: To effect the economic rehabilitation of refugees through the medium of agricultural and industrial colonization, loan funds, and programs of selective immigration. The Emigre Charitable Fund, a sister corporation, coordinates its charitable activities with the work of the Corporation. The scope of the work of both organizations is world-wide.

Relief Society of the Church of Jesus Christ of Latter-day Saints (1842); 28 Bishop's Bldg., Salt Lake City 1; Mrs. Margaret C. Pickering, General Secretary-Treasurer.

Membership: Individuals, 101,691; constituent groups, 2,230 local branches in 47 states, District of Columbia, Hawaii, Alaska, and 21 foreign countries.

Purpose and Activities: To make investigations and recommendations for ward bishops of the Mormon Church in regard to the needs of church families; and to conduct educational work through special institutes and conferences on social work, and through regular meetings (weekly, October through May; monthly, June through September) in all local branches for the study of uniform planned courses in theology, literature, and social science, and for sewing and canning for the needy. Local branches are directed by district boards which are in turn directed by the General Board of the Society. The Society supervises the work of the Social Service and Child Welfare Department of the Relief Society General Board Association. It is affiliated with the National Council of Women of the United States.

Periodical: Relief Society Magazine, monthly, \$1.00 a year.

Research Council on Problems of Alcohol, Inc. (1937); 60 East 42d St., New York 17; Dr. Lyman C. Duryea, Medical Director.

Membership: Individuals and organizations, approximately 600.

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Purpose and Activities: To help bring about a continuing reduction in alcoholism and other conditions associated with the excessive use of alcohol through research, education, and the establishment of model alcoholic centers (incorporating research, treatment, teaching, rehabilitation, and follow-up services). The Council publishes and distributes reports on its various research projects which are available to members and interested persons. It conducts institutes and conferences. The Council is an associated society of the American Association for the Advancement of Science.

Periodical: Alcoholism (a news bulletin), 4 or more issues yearly, to members only.

Rockefeller Foundation (1913); 49 West 49th St., New York 20; Raymond B. Fosdick, President.

Purpose and Activities: To promote the well-being of mankind throughout the world. The Foundation's program is concerned with certain definite problems in the fields of medical science, natural science, social science, the humanities, and public health. Except to a limited extent in public health, it is not an operating agency. Its activities are confined to the support of other agencies and to the training, through postdoctoral fellowships, of competent personnel in the various fields of knowledge. In addition, in the field of public health, it cooperates with governments in the development of general public health activities and the study and control of certain diseases.

Rosenwald — Julius Rosenwald Fund (1917); 4901 Ellis Ave., Chicago 15; Edwin R. Embree, President.

Purpose and Activities: To promote the well-being of mankind. The chief programs are promotion of rural education; fellowships for Negroes and white southerners; and aid to the study of educational and social problems, especially in the area of race and culture.

Periodical: A Monthly Summary of Events and Trends in Race Relations (prepared by the Social Science Institute, Fisk University), free.

Sage — Russell Sage Foundation (1907); 130 East 22d St., New York 10; Shelby M. Harrison, General Director.

Purpose and Activities: To promote the improvement of social and living conditions in the United States. The members of the staff of the Foundation study social conditions and methods of social work; interpret the findings; make available the information by publications, conferences, and other means; and seek to stimulate action for social betterment. The several departments are the following: The Arts and Social Work, Consumer Credit Studies,

Industrial Studies, Library, Publications, Social Work Administration, Social Work Interpretation, Social Work Year Book, Statistics, and Studies in the Professions.

Salvation Army, The (1865); 120 West 14th St., New York 11; Donald McMillan, National Secretary.

Activities: The organization is a religious body operating in 98 territories of the world, and preaching the gospel of Christ in 102 languages. A world-wide network of 17,996 corps and institutions ministers in practical ways to emergency needs of humans through 27,995 trained officers. The Army has 4 geographical units in the United States, with headquarters in Atlanta, Chicago, New York, and San Francisco. A commissioner is in charge of each unit. Activities include camps, children's homes, Christmas dinners, employment service, eventide homes, family welfare, hotels, men's social service centers, missing friend's bureau, nurseries, open-air and indoor religious services, prison work, settlements, transient and emergency relief, visitation, women's homes and hospitals, and women's residences. During World War II the Army's global facilities were merged to carry religious and social services to approximately 225 million service men and women on 26 fighting fronts.

Periodicals: War Cry, weekly, \$3.50 a year; Young Soldier, weekly, \$1.00 a year.

Save the Children Federation, Inc. (1932); 1 Madison Ave., New York 10; Dr. John R. Voris, Executive Director and President.

Purpose and Activities: To serve children in disadvantaged rural areas of the United States; to study the needs of children in the United States and other lands; to initiate and operate appropriate projects to help to meet these needs; to encourage the cooperation of church, educational, social, and civic agencies in behalf of these purposes; and to provide information regarding conditions and to arouse public opinion on child needs. The Federation is the American member of the Save the Children International Union. It is a nonpolitical, nonsectarian organization. In cooperation with state and local committees, it operates in some 100 counties in Arizona, Kentucky, Missouri, Tennessee, Texas, Virginia, and West Virginia. In its service to children abroad the organization works with the International Union in Geneva, Switzerland, and members of the International Union in Belgium, Denmark, France, Holland, Norway, and Sweden in a program which provides "sponsorship" of individual children or of schools or which supplies clothing as circumstances and needs in the particular countries require.

Periodicals: SCF Bulletin, issued irregularly; SCF Quarterly; both free.

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Science Research Associates (1938); 228 South Wabash Ave., Chicago 4; Lyle M. Spencer, Director.

Purpose and Activities: To conduct, publish, and distribute research in the broad fields of educational-vocational guidance and human adjustment for the use of educational and welfare groups and industry. Other activities include the construction and publication of tests and records for schools and industry, guidance counseling and consulting services, and textbook publication. In 1945 a counselor placement service was inaugurated, offering a free service in bringing together counselors and employers.

Periodicals: Guidance Index, \$4.00 a year; Guidance Newsletter, \$1.50 a year; Guidance Posters, \$1.50 a year; Guidance Reprints, \$2.00 a year; Occupational Briefs on America's Major Job Fields, \$5.00 a year; Vocational Trends, \$3.00 a year; all monthly through school year; The Hundred Best, annually, free.

Seamen's Church Institute of America, Inc. (1907); 281 Fourth Ave., New York 10; Rev. Dr. Almon R. Pepper, General Secretary.

Membership: Organizations, 9 affiliated institutes and their branches.

Purpose: To coordinate the activities of the affiliated institutes, and in cooperation with them to develop religious, educational, and recreational services for seamen in American ports. The Institute is sponsored by the Episcopal Church.

Seeing Eye, Inc., The (1929); Morristown, N. J.; W. H. Ebeling, Executive Vice President.

Purpose: To act as a philanthropic association for the purpose of supplying blind persons with dogs trained to act as guides, to train dogs to guide the blind, to train and teach instructors in the science and technique of educating dogs as guides, and to educate and train blind persons in the proper use and handling of these dogs.

Periodical: The Seeing Eye Guide, quarterly, free.

Shut-in Society, Inc. (1877); 221 Lexington Ave., New York 16; Mrs. Jessie V. Leslie, Secretary.

Membership: Individuals, approximately 6,500, covering the United States and including a few in Canada and in England.

Purpose and Activities: To give cheer and comfort to chronic invalids, cripples, and the blind who are members of the Society. Correspondents are supplied who act as friendly advisers as to health, ways to earn, hobbies, etc. Shut-ins are also provided with sick room supplies and materials for handiwork. One of the state branches maintains an exchange in

which the handiwork of members is sold. Wheel chairs are provided at a nominal sum to members.

Periodical: Open Window, monthly, \$1.00 a year.

Social Case Work Council of the National Social Welfare Assembly (1940); name changed in 1946 from Social Case Work Council of National Agencies; 130 East 22d St., New York 10; Henrietta L. Gordon, Chairman.

Membership: Individuals, 25 representing 14 national agencies. For list of member agencies see NATIONAL ASSOCIATIONS IN SOCIAL WORK in Part One.

Activities: The Council is an informal conference body, with no staff, organized for the exchange of information, the study of common problems, and the development of closer working relationships in the social case work field. On invitation of the Council any national social case work agency or social case work department of an agency whose primary purpose is formally stated as being the development or promotion of social work may nominate 2 persons for membership in the Council.

Social Legislation Information Service, Inc. (1944); name changed in 1946 from Child Welfare Information Service, Inc.; 930 F St., NW., Washington 4, D. C.; Bernard Locker, Executive Director.

Membership: Individuals elected from national, state, and local organizations which subscribe to Social Legislation Bulletin.

Purpose: To publish a bulletin reporting impartially on federal social legislation and the activities of federal agencies affecting family life, children, and community services in the areas of health, education, welfare, employment, housing, and recreation. The Service takes no position for or against the legislation on which it reports.

Periodical: Social Legislation Bulletin, approximately weekly while Congress is in session, price varies.

Social Science Research Council (1923); 230 Park Ave., New York 17; Donald Young, Executive Director.

Purpose and Activities: To advance knowledge concerning human relations through development of research in the social sciences. To this end the Council is concerned with improving the recruitment, training, and efficient utilization of research personnel and supports programs of research training fellowships and grants-in-aid of research projects of individual scholars. Activities focused upon the planning of research, including stimulation and guidance of research based upon the plans produced, constitute the major part of the Council's

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endeavor. Fields or problems are selected for planning programs primarily on the basis of the opportunities presented for improving methods of research and extending the frontiers of knowledge, and for the promise of social utility of eventual research. The results of planning projects are normally made available to research workers by publication as Council bulletins. Other efforts to raise the level of research achievement in the social sciences include operation of programs to improve the quality of materials for research and increase their accessibility; and the provision of whatever advisory, coordinating, or other liaison services may be needed by individual social scientists or research organizations. The Council's board of directors consists of 21 individuals representing 7 national organizations, and 9 directors-at-large.

Social Work Action Committee (1944); name changed in 1946 from Social Workers' Emergency Committee; Box 294, Madison Square Station, New York 10; Antoinette Cannon, Chairman.

Purpose and Activities: To promote the interest of social workers in social action, and to express opinion which may stimulate action on the part of individuals and organized groups of social workers. The Committee has issued a statement of principles fundamental to international and national public policy. This was published in the April, 1944, issue of *The Compass* (the periodical of the American Association of Social Workers) and sent by mail to individual social workers throughout the country. From time to time the Committee formulates and issues statements and reports on public affairs of importance to social workers, such for example, as proposed legislation affecting employment, health, standard of living, and racial and cultural group relations. It has assumed responsibility for further work on the report to President Truman, compiled by the National Committee on Human Aspects of Reconversion, which ceased to function as an independent body on December 31, 1945. The Committee is not so organized as to be able to carry on a campaign of activity nor does it propose to duplicate the activity of any existing organization. A mailing list is maintained, composed of names of persons who have expressed a wish to be in touch with the Committee's activities.

Social Work Vocational Bureau (1940); 122 East 22d St., New York 10; Barbara Jack, Executive Director.

Membership: Individuals, approximately 2,150; organizations, approximately 780.

Activities: The Bureau is a nonprofit membership organization providing placement and counseling service for social workers and social agencies. Organized on a national basis it facilitates the distri-

bution of available personnel through the clearance of vocational and job information between persons whose equipment is in demand and agencies which need social work personnel. Services are available at present only to the case work fields but will be extended to other social work fields as financing permits. The Bureau is supported by annual dues from individual professional members, sustaining members, and agency members; and contributions from affiliated national organizations and foundations.

Society for the Advancement of Management, Inc., The (1936); 84 William St., New York 7; Carl S. Coler, Executive Director.

Membership: Individuals, approximately 5,000.

Purpose: To conduct and promote scientific study of the principles governing organized effort in industrial and economic life, including both labor and management, through research, discussion, publications, and other appropriate means; and to impart to the public information concerning these principles and their various applications for the general betterment of society.

Periodicals: *Modern Management*, 8 issues yearly, \$4.00 a year; *Advanced Management*, quarterly, \$6.00 a year.

Society for the Prevention of Crime, Inc. (1878); 122 East 22d St., New York 10; Edwin J. Lukas, Executive Director.

Activities: The Society is dedicated to research in all of the phases of crime prevention, with special emphasis upon the causative factors in juvenile delinquency and adolescent crime. It publishes pamphlets embodying its reports on special studies, and conducts a news service for newspapers interpreting for the laity the studies and views of criminologists, penologists, and sociologists upon delinquency and crime problems. The Society engages in other diverse activities having to do with the penal and correctional institutions to which youthful offenders are committed, and with the promotion of proposed legislative and administrative improvements in the system of criminal justice. It conducts a weekly radio interview with an ex-convict, exploring causes of criminal behavior. Since 1941 the Society's activities have been national in scope.

Periodicals: *Crime News and Feature Service*, monthly, for newspapers only; *Report* (a bulletin for the laity), occasional issues.

Society for the Psychological Study of Social Issues (1936); 36 Berkshire Rd., Rockville Centre, N. Y.; Daniel Katz, Secretary-Treasurer.

Membership: Individuals, 550 social psychologists and allied social scientists.

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Purpose: To encourage scientific research in problems and issues of social importance, to make available research findings to the nontechnical public, and to encourage the application of scientific findings to social problems. Three Yearbooks have been published to date by the Society.

Periodical: Journal of Social Issues, quarterly, \$2.00 a year.

Society of St. Vincent de Paul, Superior Council of the United States (founded in 1833 in France, and in 1845 in the United States); 289 Fourth Ave., New York 10; George J. Gillespie, President.

Membership: 2,375 divisions (called conferences) of the Society in the United States, organized on parish lines with an active volunteer membership of approximately 31,000, and an honorary membership of approximately 7,500.

Purpose and Activities: To promote the spiritual welfare of the Society's members. The principal means to that end are the following: the giving of personal service and available funds to aid poor, sick, or otherwise helpless fellow beings; the visitation of poor families in order to assist them by advice and encouragement and to render financial aid for conserving their homes; and such other works of charity, material or spiritual, as may be helpful to those in need of such aid. It is an association of Catholic laymen. Groups of 3 or more conferences in cities or towns are under the supervision of a local council. The Society-at-large in the United States is under the supervision of the Superior Council.

Society of State Directors of Health and Physical Education (1926); State Department of Education, Columbus, Ohio; Paul E. Landis, Secretary-Treasurer.

Membership: Individuals, 80 active and past state directors of health and physical education on staffs of state departments of education.

Purpose: To foster the development of state-wide programs of health and physical education activities in the schools, to develop standards, and to further professional growth through studies and conferences.

Periodical: Quarterly, free.

Southern Conference for Human Welfare (1938); 212½ Union St., Nashville 3; Dr. James A. Dombrowski, Administrator.

Purpose and Activities: To promote the general welfare and to improve the economic, social, political, cultural, and spiritual conditions of the people of the South without regard to race, creed, color, or national origin. An interracial conference is held

biennially, attended by delegates from 13 southern states representing farm, religious, labor, industrial, Negro, youth, and civic organizations.

Periodical: The Southern Patriot, monthly, \$1.00 a year.

Southern Education Foundation, Inc. (1937); 726 Jackson Pl., NW., Washington 6, D. C.; Arthur D. Wright, President.

Purpose and Activities: To cooperate with public and private school officials and others in improving educational and living conditions, with special regard for the needs of the Negro race. This objective is promoted by grants of money, or through the cooperation of the officers of the Foundation with such officials and others, or in such other ways as may be determined by the board of directors. At present the chief activity is to aid in the support of some 460 supervisors of Negro rural schools and one rural church counselor.

Southern Regional Council, Inc. (1944); Room 432, 63 Auburn Ave., NE., Atlanta 3; Guy B. Johnson, Executive Director.

Membership: Individuals, 1,500 (white and Negro); cooperating organizations, regional, state, and local.

Purpose and Activities: To work for the improvement of economic, civic, and racial conditions in the South; and to attain, through research and action programs, the ideals and practices of equal opportunity for all peoples in the region. The Council's functions are coordination of the activities of agencies working on southern problems; research and survey; educational activities through a monthly paper, pamphlets, conferences, etc.; consultative services to voluntary or governmental agencies; and constructive social action on southern problems. The Commission on Interracial Cooperation, although maintaining its legal entity, has merged with the Council.

Periodical: New South, monthly, \$1.00 a year.

Spelman Fund of New York (1928); 783 Fifth Ave., New York 22; Charles E. Merriam, Chairman.

Purpose: To cooperate with governmental agencies in improving technical aspects of public administration.

Sturgis Fund of the Winifred Masterson Burke Relief Foundation (1918); White Plains, N. Y.; Dr. Lewis A. Conner, Medical Director.

Purpose: To promote extension and improvement of activities in the field of convalescence.

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Survey Associates, Inc. (1912); 112 East 19th St., New York 3; Paul Kellogg, Editor.

Membership: Individuals and organizations, 2,150.

Activities: The organization is a membership society, national in scope and original in combining methods of research with those of journalism to the advancement of the general welfare. Its periodicals are employed as "shuttles of understanding." They cover developments and pool experience, ideas, and inventions in such areas as community organization and public administration, family and child welfare, health, housing, education, and industrial and international relations. They are given caliber by swift staff research, outside assignments, and interpretation of the findings of other agencies. Reinforced by graphic materials, special numbers achieve an educational reach from 2 to 50 times that of ordinary books and reports dealing with kindred subject matter. A "Calling America" series (12 to date), beginning with Munich and before, and bringing the challenge to democracy from overseas down to American earth, has had a combined circulation of well over half a million copies.

Periodicals: Survey Midmonthly (spanning the fields of social work); Survey Graphic (swinging wider arcs of social and economic concern and addressed to lay readers), monthly; each \$3.00 a year, or \$5.00 a year for both.

Twentieth Century Fund, Inc. (1919); 330 West 42d St., New York 18; Evans Clark, Director.

Purpose and Activities: To conduct research and public education in current economic problems, and to aid in formulating nonpartisan policies for their solution. The Fund is privately endowed and its entire income, administered as a public trust, is devoted to its own research and educational activities. For each major investigation the Fund appoints a special research staff and an impartial committee of qualified persons who use the factual report of the staff as a basis for recommendations on public policy. In order to make its findings available to as wide a public as possible, the Fund issues its surveys in book form and supplements these with news releases, pamphlets, bulletins, study outlines, magazine articles, an occasional series of radio programs, and motion pictures. Active contact work is maintained with organizations and educational institutions. The Fund's current activities include a comprehensive study of postwar needs and resources in America and surveys of the foreign economic relations of the United States and of problems of monopoly in domestic business and cartels in international trade. Recent publications include a series of popular reports on major postwar issues, a survey of trends in collective bargaining, and a symposium by 6 leading economists on America's financial and fiscal policies. Reports have also been

published on housing, distribution problems, and the electric power industry. The Fund has recently inaugurated a periodical to acquaint organizations and the public with its activities and the findings of its surveys.

Periodical: Newsletter and Clipsheet, occasional issues, free.

Unitarian Association, American, Adult Education and Social Relations Department, Division of Education (1927); 25 Beacon St., Boston 8; Ernest W. Kuebler, Acting Secretary.

Purpose and Activities: To help individual churches with their own social problems and programs. Activities include the publishing from time to time of factual and interpretive material dealing with the social aspects of religion, and the issuing of current educational releases. The Department serves as a sponsoring agent for adult educational activities in Unitarian churches.

Unitarian Fellowship for Social Justice (1908); 201 East Jefferson St., Bloomington, Ill.; Kenneth C. Walker, President.

Membership: Individuals, approximately 300.

Purpose and Activities: To sustain one another in united action against social injustice and in the realization of religious ideals in present-day society. The Fellowship cooperates with the Council for Social Action of the Congregational Christian Churches, Friends of Democracy, National Religion and Labor Foundation, and the United Christian Council for Democracy in furthering social action and support of social legislation. Representation is maintained at important hearings in Washington and various state capitols. Its current objectives include a better understanding of industry and labor relations, race relations, and postwar issues.

Periodical: Bulletin, issued irregularly, \$1.00 a year.

Unitarian Service Committee (1940); 25 Beacon St., Boston 8; Rev. Howard Brooks, Acting Executive Director.

Membership: Individuals, 24, appointed by the Board of Directors of the American Unitarian Association.

Purpose and Activities: To translate into terms of humanitarian service the Unitarian tradition of brotherly love and devotion to freedom. The major portion of the Committee's program is in the field of foreign refugee relief. The activity of the Committee is, however, both national and international in scope. Under its home service section are conducted such activities as farm work camps, Japanese-American relocation programs, minority problems, child care, recreation in crowded industrial

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areas, etc., which make up the major emphases of the Committee's work in this country.

Periodical: Standing By, monthly section in the Christian Register, \$1.50 a year.

United Council of Church Women (1941); 156 Fifth Ave., New York 10; Mrs. Ruth Mougey Worrell, Executive Secretary.

Membership: Organizations of state and local interdenominational groups of church women.

Purpose and Activities: To unite church women in their allegiance to our Lord Jesus Christ through a program looking to their integration in the total life and work of the Church, and to building of a world Christian community. The Council is an interdenominational organization representing the Protestant church women of America. Among its areas of interest are the following: the church woman and the war crisis, the church woman and peace, the Church and the Christian home, the church woman and race relations, and the church woman and missions. These interests are developed in local councils of church women through departments and committees which seek to relate their work to the social and educational agencies of the communities. The Council promotes increased cooperation with the established national interdenominational agencies in these specific fields. It continues the work of the former National Council of Church Women.

Periodical: The Church Woman, monthly except July and August, \$1.00 a year.

United Jewish Appeal for Refugees, Overseas Needs and Palestine (1939); 342 Madison Ave., New York 17; Isidor Coons and Henry Montor, Executive Vice Chairmen.

Purpose and Activities: To provide funds for the American Jewish Joint Distribution Committee, the United Palestine Appeal, and the United Service for New Americans, Inc., which autonomously carry on their respective programs of relief, emigration aid, and rehabilitation in behalf of suffering Jews overseas; development and settlement of Palestine; and aid to refugees in the United States. The organization is constituted on an annual basis by agreement of the participating agencies and has served continuously since 1939 as their fund-raising body. It serves communities throughout the country in the organizing and conducting of local campaigns.

Periodical: UJA Campaigner, 3 or 4 issues yearly, free.

United Negro and Allied Veterans of America (1946); 4411 South Parkway, Chicago 15; George B. Murphy, Jr., National Adjutant.

Membership: Organizations, 23 state and 40 local.

Purpose and Activities: To organize the unorganized veterans with special attention to those in minority groups. Emphasis is currently placed on Negro veterans in the South. Chapters have been successfully established in Louisiana and Texas on an interracial basis.

Periodical: UNAVA News Bulletin, monthly, free.

United Office and Professional Workers of America (1937); 1860 Broadway, New York 23; Lewis Merrill, President.

Membership: Individuals, 70,000, of whom 6,500 are employed in voluntary social agencies; organizations, 126 local unions.

Activities: The organization is an international union affiliated with the Congress of Industrial Organizations, whose membership includes social workers, office workers, maintenance workers, and all other categories of employees of voluntary social agencies and other nonprofit organizations. It also organizes workers in the insurance, finance, graphic arts, motion picture, and other industries whose employees are predominantly office and professional workers. Local unions in the social service field are designated as Social Service Employees Unions and are coordinated through a National Social Service Division with a full-time director. The union relates all its activities to promoting national understanding of the need to raise living standards in the national interest. These activities include collective bargaining and other methods of improving the salaries and employment conditions of workers in social agencies, efforts directed toward improving professional and personnel standards in the field of social work and toward strengthening labor-welfare cooperation, and legislative activities.

Periodicals: Insurance Career, monthly, \$2.00 a year; Office and Professional News, monthly, \$1.00 a year; Technical America, monthly, \$3.00 a year; Welfare in Action, monthly, \$1.00 a year.

United Palestine Appeal, Inc. (1927); 41 East 42d St., New York 17; Henry Montor, Vice Chairman.

Membership: Organizations, 2 national.

Activities: The organization is the basic instrumentality through which Jews of the United States help to make possible the development of the Jewish National Home in Palestine under the auspices of the Jewish Agency for Palestine. The Jewish Agency is recognized in the League of Nations Mandate, under which Great Britain administers Palestine, as the representative of the Jewish people for the upbuilding of the Jewish National Home. The funds of the United Palestine Appeal are obtained through the campaign of the United Jewish Appeal for Refugees, Overseas Needs and Palestine, and are divided equally between its 2 constituent agencies, Pales-

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tine Foundation Fund (Keren Hayesod) and Jewish National Fund (Keren Kayemeth), while a certain amount is allocated to the Mizrahi Palestine Fund. The resources of the Palestine Foundation Fund are used to promote every enterprise which will increase Palestine's capacity to absorb Jews, including assistance to immigration, rescue of and relief to refugees, rural and urban colonization, public works and housing, promotion of trade and industry, cultural development, resettlement of ex-servicemen, etc. The Jewish National Fund acquires land in Palestine, to be held in perpetuity in the name of the Jewish people, and prepares it for colonization. The Mizrahi Palestine Fund finances religious enterprises in Palestine in the fields of agriculture, culture, and education, supplementary to those supported by the 2 major agencies.

Periodicals: U.P.A. Bulletin, semimonthly, free; U.P.A. Report, 10 issues yearly, \$1.00 a year.

United Public Workers of America (1946); a merger of United Federal Workers of America and State, County and Municipal Workers of America; 51 Chambers St., New York 7; Abram Flaxer, President.

Purpose and Activities: To unite all workers eligible for membership, regardless of sex, race, creed, color, nationality, or religious or political affiliation or belief, for the purpose of making a more abundant life available to them by shortening their working hours, improving their wages and working conditions, and advancing their economic, political, social, and cultural interests; to join with the rest of organized labor in its efforts to achieve a better life for the working men and women; and to help make the public service a career service. The union promotes selection of personnel on the basis of merit and fitness; security of tenure, including security from discriminatory or arbitrary personnel action; adequate minimum wages; adequate protection in old age, sickness, and unemployment; regular wage increases and full promotional opportunities; the right of public employees to join organizations of their own choosing and to be represented by such organizations in the presentation of grievances; full collective bargaining with respect to hours, wages, and all other conditions of employment; and the guarantee of political rights to all American citizens. The union is affiliated with the Congress of Industrial Organizations. All employees of federal, state, and local government are eligible for membership, including social workers in federal, state, city, and county agencies.

Periodical: The Public Record, monthly, \$1.00 a year.

United Seamen's Service (1942); 39 Broadway, New York 6; Otho J. Hicks, Acting Executive Director. •

Purpose and Activities: To serve the men of the

American merchant marine in home waters and in whatever overseas ports they may touch, by operating residential and recreational clubs; by providing rest centers and comprehensive medical care and education; by looking after shipwrecked seamen who may need medical attention and subsequent repatriation; by providing help, through a staff of trained social workers, for seamen's personal problems; and in general sustaining and reinforcing the morale of the men who man our merchant fleet, providing them at home and overseas with the facilities required to enable them to perform their essential tasks.

United Service for New Americans, Inc. (1946); a consolidation of National Refugee Service, Inc., and National Service to Foreign Born of National Council of Jewish Women; 105 Nassau St., New York 7; Joseph E. Beck, Executive Director.

Membership: Individuals, 500; organizations, 1,200 affiliated local groups and agencies in 48 states.

Activities: The organization offers a complete program of service and assistance for the adjustment of the foreign born and their integration in American life; renders migration services and interprets immigration laws and procedures; provides port and dock services and a reception and hospitality program covering immediate needs of new arrivals for shelter and other necessities; directs planned resettlement; supplies economic assistance and family services on a case work basis; makes temporary loans for business and professional self-support enterprises; carries on an Americanization program and naturalization assistance; maintains international social service to aid in welfare matters requiring foreign contacts; and assists in locating persons abroad for friends and relatives in the United States, and persons in this country sought by friends and relatives overseas. Specialized services are provided for refugee children and professional groups. The organization is nonsectarian in scope, though parts of its program deal mainly with Jewish immigrants. It functions nationally; local phases of the program are carried on through cooperation of local committees and agencies and local sections of the National Council of Jewish Women.

United Service Organizations, Inc. (1941); 1630 Empire State Bldg., New York 1; Dr. Lindsley F. Kimball, President.

Membership: Individuals, 60; organizations, 6 national.

Activities: The organization is a union of the following 6 national agencies: National Catholic Community Service, National Jewish Welfare Board, National Travelers Aid Association, The Salvation Army, Young Men's Christian Associations, and Young Women's Christian Associations. Through

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the cooperative action of these agencies and through local citizens' committees of the United Service Organizations, clubs and other units staffed by trained workers are operated; and mobile units for troops on guard duty and troops in transit are maintained providing motion pictures, entertainments, refreshments, stationery, reading material, games, etc. Theatrical entertainment in military and Veterans Administration hospitals and for troops of occupation is provided by USO Camp Shows.

Periodical: USO Bulletin, monthly, free.

United States Committee for the Care of European Children, Inc. (1940); 215 Fourth Ave., New York 3; M. Ingeborg Olsen, Acting Director.

Purpose and Activities: To bring European children, unaccompanied by guardian or relative, from the American occupation zone in Germany and as circumstances permit from other parts of Europe, to live in the United States under the immigration quota; to see that such children will not become public charges; to safeguard the welfare of 500 children already brought to this country and still here; to accept and use for such purposes gifts, legacies, bequests, etc.; and to furnish assistance to and work in cooperation with individuals and organizations engaged in the foregoing purposes. Activities include supervising permanent placement of children in family or group homes through government approved welfare agencies.

United States Conference of Mayors (1932); 730 Jackson Pl., NW., Washington 6, D. C.; Paul V. Betters, Executive Director.

Membership: 250 cities of 30,000 population and over, represented by their chief executives.

Activities: The Conference provides an agency through which the larger cities of the United States can cooperate in the practical study of all municipal questions; devotes special attention to measures under consideration by Congress, which, if enacted, would vitally affect cities; interprets to federal legislators and administrators the current problems confronting cities; informs municipal executives of policies, rules, and regulations adopted from day to day by federal agencies concerned with unemployment relief, public works, housing, loans to home owners, and other matters of direct and vital importance to urban communities; provides an informational, research, and consulting service to municipal officials; and publishes research reports on all phases of municipal administration.

Periodicals: United States Municipal News, bi-weekly, \$10 a year; Annual Proceedings; Regional Conference Proceedings.

Universalist Church, Commission on Social Action (1937); 16 Beacon St., Boston 8; Clarence R. Skinner, Chairman.

Purpose: To stimulate and guide the intelligent study of social questions and the contribution of Christian principles to their solution, and to quicken a sense of responsibility on the part of our churches for the support of social welfare agencies in their respective communities.

Veterans of Foreign Wars of the United States (1899); Broadway and 34th St., Kansas City 2, Mo.; R. B. Handy, Jr., Adjutant General.

Membership: Individuals, 2,000,000; organizations, 8,000 local posts.

Purpose and Activities: To preserve and strengthen comradeship among members, to assist comrades, to perpetuate the memory and history of members who have died and to assist their widows and orphans, to maintain true allegiance to the Government of the United States and fidelity to its Constitution and laws, to foster true patriotism, to maintain and extend the institutions of American freedom, and to preserve and defend the United States from all her enemies. The organization's interests are fraternal, patriotic, historical, and educational.

Periodical: Foreign Service, monthly, \$1.00 a year.

Veterans League of America (1945); 45 Astor Pl., New York 3; Emanuel Muravchik, Executive Director.

Membership: Individuals, 10,000.

Purpose and Activities: To take positive action to defend and extend the basic principles of freedom and justice under law, which are the foundations of the Constitution. The League promotes the following aims: increase of pension rate for 100 per cent disability; improvement of standards of medical care and equipment in veterans' hospitals; increase in subsistence allowances to veterans for schooling to include payments for each dependent; provision of unemployment compensation payments for veterans unemployed because of labor disputes; provision of direct government loans to veterans; and revision of National Service Life Insurance, making insurance offered comparable to that available through private companies. Membership is open to any active or honorably discharged male or female member of the armed forces who has served between September, 1939, and the end of the war, including the Army, Navy, Marine Corps, Coast Guard, and Merchant Marine.

Voluntary Parenthood League, Inc. (1919); 1211 Madison Ave., New York 28; Mrs. George Engelhard, Treasurer.

Membership: Individuals, approximately 3,500 enrolled endorses.

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Purpose and Activities: To render available for the people's need the best scientific knowledge as to how parenthood may be voluntary instead of accidental and, as a first step toward that end, to remove the words "prevention of conception" from the federal obscenity laws; and to educate parents, so that the birth of children may occur with due regard to health, heredity, income, choice, environment, and the well-being of the community. The League has a Legislative Committee.

Volunteers of America (1896); 34 West 28th St., New York 1; Mrs. Ballington Booth, Commander-in-Chief.

Membership: Organizations, 103 stations or mission posts, 117 homes and industrial branches, and 15 camps.

Activities: The foremost aim of the organization is its mission in spiritual guidance to approximately 1,500,000 persons whom it serves annually. In addition it carries on family welfare work and emergency family relief; maintains day nurseries, emergency homes for stranded families, homes and clubs for working girls, homes for children, homes for the aged, industrial institutions for opportunity labor, hotels or lodging houses for unattached men, health camps for mothers and children, a hospital, maternity homes, and men's service clubs; and conducts a nation-wide prison work, the Volunteer Prison League.

Periodical: *Volunteers' Gazette*, monthly, \$1.00 a year.

Woman's Foundation, Inc., The (1942); 10 East 40th St., New York 16; Dr. James M. Wood, President.

Purpose and Activities: To engage in the study of the problems of the American home and of the American woman who must, in the home, face and deal with those problems of a practical, educational, cultural, moral, and religious nature which vitally affect the American people. The Foundation is interested in helping to coordinate the plans of social agencies dealing with these problems, and in disseminating the knowledge of consultants in these fields. In 1945 the Foundation issued 6 consultants' reports entitled: *The Place of the Family in American Life*, *Improved Family Living Through Improved Housing*, *Doorways to Religion*, *Gainfully Employed Women and the Home*, *Women's Opportunities and Responsibilities in Citizenship*, and *The Road to Community Reorganization*.

Women's Joint Congressional Committee (1920); Y.W.C.A., 17th and K Sts., NW., Washington 6, D. C.; Mrs. James Irwin, Chairman.

Membership: Organizations, 22 national.

Purpose and Activities: To serve as a clearinghouse of organizations engaged in promoting congressional legislation of special interest to women. Whenever 5 or more national organizations have endorsed a piece of legislation, a legislative committee may be organized to promote the measure, on behalf of the organizations in favor of it. The Committee itself endorses no legislation and proposes none. Laws of interest to social workers which have been passed, due largely to the efforts of organizations represented in the Committee, include statutory provision for the maintenance of the Women's Bureau in the U.S. Department of Labor, the Shepard-Towner Act relating to maternal and infant hygiene and similar provisions in the Social Security Act, a compulsory education law for the District of Columbia, provision for a federal institution for women prisoners, the Cable Act relating to the independent citizenship of women, the Wagner-Peyser Act relating to federal and state employment services, and the Copeland Federal Food, Drugs, and Cosmetics Act.

Workers Defense League (1936); 112 East 19th St., New York 3; Morris Milgram, National Secretary.

Membership: Individuals, 11,000, of whom 1,800 are voting members; cooperating organizations, 49 national, 37 state, and 630 local.

Purpose and Activities: To defend the right of workers to organize, strike, picket, and bargain collectively; to fight all attempts to limit the rights of assembly, free speech, free press, or any democratic rights of workers; to bring about by investigation, action, and education, vigorous prosecution wherever workers' rights have been abused; to educate workers for active participation in the defense of their rights; to fight economic and political discrimination against minorities; to render material aid to labor prisoners and the victims of Fascist reaction; and to fight for the right of asylum in this country for refugees from Fascist countries, and against the deportation of aliens because of their political beliefs or activities. The League is the official defense agency of the National Farm Labor Union, an organization of Negro and white sharecroppers, tenant farmers, and migratory workers in the South. The League has recently been carrying on an extensive campaign against involuntary servitude in Florida and for the passage of permanent fair employment practice legislation.

Periodicals: *Press Service*, weekly, \$5.00 a year (free to journalists and writers); *Workers Defense Bulletin*, quarterly, 25 cents a year.

Workers Education Bureau of America (1921); 1440 Broadway, New York 18; John D. Connors, Director.

Membership: Organizations, 500.

National Agencies—Voluntary

Purpose and Activities: To provide a national clearinghouse for the workers' education movement in the United States; to stimulate interest in education among the workers of the country; to assist in the establishment of labor institutes, industrial conferences, and study classes in the different localities in cooperation with the trade unions, universities, public libraries, and other public educational institutions; to conduct educational addresses and discussions by radio; to sponsor research concerning the curriculum of workers' education and the methods of adult instruction; to cooperate in establishing standards for the separate experiments; and to publish, through the Workers Education Bureau Press, textbooks, pamphlets, outlines, and syllabi for workers' educational enterprises. Special bulletins of Workers Education News Service are issued from time to time.

Periodical: Workers Education News Letter, monthly.

Young Men's Christian Associations of the United States of America, National Council (1854); 347 Madison Ave., New York 17; Eugene E. Barnett, General Secretary.

Membership: Organizations, 1,345 local Associations representing a membership of 1,411,341 individuals and 322,918 additional registered nonmembers.

Purpose and Activities: To minister to the needs of boys and young men, by giving them opportunities for greater self-development of body, mind, and spirit. A positive program is offered for the teaching of character-making ideals by the following means: promoting health education and physical activity; providing opportunities for intellectual self-improvement and culture; acquainting boys and young men with the teachings and ideals of Jesus; and providing wholesome social fellowship and economic, vocational, and citizenship education. The Y.M.C.A. has assisted in developing indigenous national organizations, since 1889, in more than 30 other countries and maintains advisory representatives in the Far East, India and the Near East, Europe, and Latin America. A World Youth Fund for Restoration and Advance amounting to \$8,650,000 is being raised to assist Associations in formerly occupied lands to achieve prompt reconstruction and deal with postwar urgencies.

Periodicals: National Council Bulletin, monthly, 10 cents a copy; Christian Citizenship, 8 issues yearly, \$3.00 a year; The Intercollegian, 7 issues

yearly, \$1.50 a year; Y.M.C.A. Year Book and Official Roster, \$5.50 a copy.

Young Womens Christian Associations of the United States of America, National Board (1906); 600 Lexington Ave., New York 22; Mrs. Harrison S. Elliott, General Secretary.

Membership: Organizations, 434 community and 599 student Associations.

Purpose and Activities: To unite in one body the Young Women's Christian Associations of the United States; to establish, develop, and unify such Associations; to participate in the work of the World's Young Women's Christian Association; and to advance the physical, social, intellectual, moral, and spiritual interests of young women. The National Board acts as a resource on education, research, and advice to local Associations both in communities and on college campuses; holds conferences; trains and recommends professional staff; calls conventions for discussion and adoption of policies; assists by personnel and grants in similar programs abroad; cooperates with other national agencies; and carries on a national program of education and activity in public affairs, particularly as they affect women. In addition to its regular program of assistance to Young Women's Christian Associations in other countries, the organization carries on an extensive program of relief and reconstruction in those countries which have been particularly affected by the war.

Periodicals: The Woman's Press, monthly except July and August, \$2.00 a year; Bookshelf, 5 issues yearly, \$1.00 a year; Public Affairs News Service, 5 issues yearly, \$1.00 a year.

Ziegler — E. Matilda Ziegler Foundation for the Blind (1928); The Matilda Ziegler Magazine for the Blind, Monsey, N. Y.; Howard M. Liechty, Managing Editor.

Activities: These chiefly consist of the continuance of the Matilda Ziegler Magazine for the Blind, which was founded in 1907, and has been sent since that time, free each month, to every blind person in the United States and Canada who can read one of the systems — Braille, New York point, and Moon — in which it is printed. The Foundation also supplies, in limited quantities, radios, clocks, and typewriters to the blind at reduced prices and otherwise aids the blind of the United States.

CANADIAN AGENCIES

Note: In view of the inclusion of an article on Canadian Social Work in this issue of the *Social Work Year Book*, it is thought that readers will find a brief directory of Canadian agencies useful. Accordingly a few selected national agencies, both governmental and voluntary, are here described. This list is believed to be correct as of November, 1946.

The reader is also referred to the following national agencies in the United States which indicate in their directory entries that their memberships include Canadians or Canadian organizations or that their activities extend to Canada:

American Association of Schools of Social Work
 American Camping Association
 Associated Medical Care Plans
 Catholic Hospital Association of the United States and Canada
 Central Location Index
 Civil Service Assembly of the United States and Canada
 Council of Jewish Federations and Welfare Funds
 Council of Seamen's Agencies
 Credit Union National Association
 Daughters of Isabella, National Circle
 Family Service Association of America
 Institute for the Crippled and Disabled
 International Association of Governmental Labor Officials
 International Council of Religious Education
 Kellogg — W. K. Kellogg Foundation
 Knights of Columbus
 National Committee on Boys and Girls Club Work
 National Council of Juvenile Court Judges
 National Health and Welfare Retirement Association
 National Safety Council
 Shut-in Society

These agencies will be found in National Agencies — Voluntary in DIRECTORY OF AGENCIES.

Boy Scouts Association, The, Canadian General Council (1914); 306 Metcalfe St., Ottawa, Ontario; Maj. Gen. D. C. Spry, Chief Executive Commissioner.

Membership: Individuals, approximately 95,000; organizations, 1 national, 9 provincial, and numerous district organizations under the jurisdiction of provincial councils.

Purpose and Activities: To develop good citizenship among boys by the following means: forming their character; training them in habits of observation, obedience, and self-reliance; inculcating loyalty and thoughtfulness for others; teaching them services useful to the public and handicrafts useful to themselves; and promoting their physical, mental, and spiritual development.

Periodicals: The Junior Leader, monthly September through June, free to Troop Leaders and Patrol Leaders; The Scout Leader, monthly September through June, 50 cents a year, free to Scoutmasters, Cubmasters, Rover Leaders, and Commissioners.

Canadian Association of Social Workers (1928); Room 504, 18 Rideau St., Ottawa, Ontario; Joy A. Maines, Executive Secretary.

Membership: Individuals, 900.

Purpose and Activities: To bring together professional social workers for such cooperative effort as may enable them more effectively to carry out their ideals of service to the community. The Association seeks to promote professional standards, encourages proper and adequate training and preparation, cultivates an informed public opinion which will recognize the professional and technical nature of social work, issues an official organ, maintains a professional employment service, and conducts research.

Periodical: The Social Worker, 5 issues yearly, \$1.50 a year.

Canadian Conference on Social Work (1928); Canadian Welfare Council, 245 Cooper St., Ottawa, Ontario; G. S. Chandler, Secretary for 1948 meeting.

Purpose and Activities: To hold a conference of Canadian social work organizations every 2 years where problems, developments, trends, etc., may be discussed. The Conference is usually held for a 4-day period in May or June. It maintains no permanent office, but operates under the auspices of the

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Canadian Welfare Council. The 1946 meeting in Halifax had 592 registered attendants.

Periodical: Proceedings, biennially, \$2.00 a copy.

Canadian National Institute for the Blind, The (1918); 186 Beverley St., Toronto 2B, Ontario, Lt. Col. E. A. Baker, Managing Director.

Purpose and Activities: To ameliorate the condition of the blind and to prevent blindness. The Institute is recognized by the Dominion Government as the official agency representing the blind for purposes of pensions and concessions; and it has been asked by the Government to undertake the training and rehabilitation of blinded servicemen. It is governed by a national council of voluntary members, a number of whom are blind. For administration purposes there are 6 divisions (including one for Newfoundland), each headed by a superintendent, 5 of whom are blind. The activities of The Institute include registration, eye service and prevention of blindness, social service, home teaching, employment and placement (including operation of cafeterias, canteens, newsstands, and sheltered workshops), training of homeworkers and sale of their products, maintenance of residences, and library service. A series of pamphlets on prevention of blindness is published free of charge.

Periodicals: The Courier (Braille), monthly October through June, free; National News of the Blind (inkprint), quarterly, free.

Canadian Public Health Association (1910); 150 College St., Toronto 5, Ontario; Dr. J. H. Baillie, Executive Director.

Membership: Individuals, 2,800; organizations, 4 provincial.

Purpose and Activities: To advance public health by supplying the technical and scientific information required by health administrators, and by conducting studies in the field of public health. Through its monthly journal, the Canadian Journal of Public Health, health workers are kept in touch with recent advances and improved methods. Annual meetings, presenting scientific programs, are held; and through the committees of the Association, Canadian authorities in various fields collaborate in studies. The Association also conducts a correspondence course in sanitary inspection and examinations for the "Certificate in Sanitary Inspection (Canada)." Its sections include: Epidemiology, Industrial Hygiene, Laboratory, Mental Hygiene, Public Health Education, Public Health Engineering, Public Health Nursing, Public Health Nutrition, Venereal Disease Control, and Vital Statistics.

Periodical: Canadian Journal of Public Health, monthly, \$3.00 a year.

Canadian Tuberculosis Association (1900); 304 Plaza Bldg., Ottawa, Ontario; Dr. G. J. Wherrett, Executive Secretary.

Membership: Individuals, 500; organizations, 9 provincial and 150 local.

Purpose and Activities: To foster and encourage projects aimed at the control and eradication of tuberculosis. The Association is the central body through which medical and lay workers engaged in the control of tuberculosis are united. It organizes provincial and local associations and directs and sponsors the Christmas seal sale by which these branches are enabled to finance their programs; offers consultant service to provincial and local committees in planning and carrying out programs; publishes free educational material on prevention and treatment of tuberculosis for doctors, nurses, teachers, patients, families of patients, and the general public; and publishes the Canadian Tuberculosis Bulletin, a quarterly which gives publicity to the meetings of medical groups especially interested in tuberculosis, accounts of programs which are proving successful in various parts of the country, and statistical data of interest to tuberculosis workers.

Periodical: Canadian Tuberculosis Bulletin, quarterly, \$1.00 a year.

Canadian Welfare Council (1920); 245 Cooper St., Ottawa, Ontario; R. E. G. Davis, Executive Director.

Membership: Organizations, 462.

Purpose and Activities: To create throughout the Dominion of Canada an informed public opinion covering the field of social welfare, and to promote standards of services which are based on scientific principles and which have been proved effective in practical experience. Furtherance of these objects is sought through the following means: cooperation with existing departments of government — Dominion, provincial, and municipal — in all subjects of relevant responsibility and interest; cooperation with existing private agencies and services in the field of welfare effort through development of work and services and the improvement of standards; coordination of the welfare programs of its constituent members; and the initiation of projects designed to implement the objectives of the Council. The Council operates through a permanent staff, reinforced by the voluntary assistance of leading welfare workers throughout Canada. It offers community studies, specialized field and correspondence services, and through its magazine, Canadian Welfare, and other publications distributes knowledge of social work activity to all those interested in the field.

Periodical: Canadian Welfare, 8 issues yearly, \$1.50 a year.

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Canadian Youth Commission (1943); 245 Cooper St., Ottawa, Ontario; R. E. G. Davis, Director.

Purpose and Activities: To study the main problems of young people between 15 and 24 years of age, to draft reports and recommendations based on these studies, and to promote the acceptance of these recommendations by governments and private agencies having responsibility for youth. There is a central body of 50 members representative of different racial and religious groups, economic interests, and political opinions; and in addition operating committees function in all of the 9 provinces of Canada. Six reports, embodying the findings of the Commission, have now been published (Ryerson Press, Toronto) and 4 others are in preparation.

Department of National Health and Welfare (1944); formerly Department of Pensions and National Health; Jackson Bldg., Ottawa, Ontario; C. W. Gilchrist, Director of Information Services Division.

Activities: The Department's duties, powers, and functions include all matters relating to the promotion or preservation of health, social security, and social welfare over which the federal Parliament has jurisdiction, and specifically include administration of the Family Allowance Act, Old Age Pensions Act, Food and Drugs Act, Opium and Narcotic Drugs Act, Quarantine Act, Leprosy Act, Public Works Health Act, Proprietary or Patent Medicine Act, National Physical Fitness Act, that part of the Canada Shipping Act covering marine hospitals and care of sick mariners, and those clauses of the Immigration Act requiring medical inspection of immigrants. It is empowered to enforce any public health regulations made by the International Joint Commission concerning boundary waters between the United States and Canada, to conduct research into public health and welfare problems, to publish information on public health, improved sanitation, and social and industrial conditions, and to cooperate with the 9 provincial governments in efforts made or proposed to improve public health and provide social security and welfare.

Periodicals: Canada's Health and Welfare, monthly; Canadian Nutrition Notes, monthly; Industrial Health Bulletin, monthly; all free.

Department of Veterans Affairs (1944); Ottawa, Ontario; Walter S. Woods, Deputy Minister.

Purpose: To administer the statutes enacted by the Parliament of Canada and orders of the Governor in Council relating to the care, treatment, training, or re-establishment in civil life of any person who served in the Naval, Military, or Air Forces of His

Majesty, any person who has otherwise engaged in pursuits relating to war, and any other person designated by the Governor in Council; and to the care of the dependents of any such person. The Department was previously included in the Department of Pensions and National Health.

Girl Guides Association, The, Canadian Council (1910); 22 College St., Toronto 2, Ontario; S. Dorothy Hooper, Executive Secretary.

Membership: Individuals, 63,796; organizations, 9 provincial and 438 local Associations (adult groups only).

Purpose and Activities: To develop good citizenship among girls by the following means: forming their character; training them in habits of observation, obedience, and self-reliance; inculcating loyalty and thoughtfulness for others; teaching them services useful to the public and handicrafts useful to themselves; and promoting their physical development. Guiding is a system of voluntary self-education through the practice of games and exercises planned for the purpose. Girls are thus prepared mentally, physically, and morally to fulfill the duties that lie before them as homemakers.

Periodical: The Canadian Guider, bimonthly, 50 cents a year.

Health League of Canada (1921); 111 Avenue Rd., Toronto 5, Ontario; Dr. Gordon Bates, General Director.

Membership: Individuals, 3,500; organizations, 51 national and 150 local.

Purpose and Activities: To promote personal and community health. Through its national council the League establishes contact with more than 50 national associations represented on the council as well as many municipalities which also appoint members, with the object of promoting popular education in the field of immunization, pasteurization of milk, nutrition, industrial health, venereal disease control, and other essential objectives in the health field. The League issues weekly news releases to all Canadian papers, develops and distributes radio plays, promotes the distribution of health motion pictures, and prints and distributes large quantities of literature on many phases of health. National Immunization Week, National Health Week, and Social Hygiene Day are national educational projects sponsored by the League in cooperation with national, provincial, and local departments of health, provincial and local departments of education, and many voluntary societies. Branches have been formed in British Columbia, Ontario, Quebec, and Saskatchewan.

Periodicals: News Releases, issued in French and English weekly to all Canadian newspapers; Health

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News (bulletin on health and League activities), monthly, free; Industrial Health Bulletin, monthly, issued free to 4,000 industries; Health (official organ of the League), 6 issues yearly, \$1.00 a year.

National Committee for Mental Hygiene (1918); 111 St. George St., Toronto 5, Ontario; Dr. Clarence M. Hincks, General Director.

Membership: Individuals, approximately 100.

Activities: The Committee's activities include the following: improving arrangements throughout Canada for diagnosis, treatment, and care of the mentally handicapped; promoting the development of positive mental health programs in schools, health departments, social work agencies, industry, churches, parents' groups, etc.; consultation service to individuals and organizations; research; field consulting services on provincial and municipal mental hygiene programs; mental health educational activities; and preventive activities.

Salvation Army, The (1865); 20 Albert St., Toronto 1, Ontario; Col. Arch. Layman, Chief Secretary for the Canadian Territory (comprising Canada, Newfoundland, and Bermuda).

Membership: Individuals, 1,513 officers; organizations, 1,134 Corps and Outposts, 92 social service institutions, 83 schools, and 2 training colleges.

Purpose and Activities: To reclaim the erring and suffering, particularly those not reached by other religious efforts, through the Gospel of Jesus Christ and practical help. Activities include religious and social services at Corps and Outposts, assistance and guidance to prisoners and ex-prisoners, hospital and home visitation, the operation of 4 general hospitals, 11 maternity hospitals, 16 rescue homes for girls, 3 receiving homes for girls and women requiring temporary shelter, 18 men's hostels, 18 industrial departments, 8 eventide homes for aged men, 5 sunset lodges for aged women, 3 children's homes, and 6 youth training camps. Other services include Christmas cheer for the needy, missing persons' bureau, emergency relief, and help to war sufferers through the Red Shield Women's Auxiliary.

Periodicals: War Cry, weekly, 5 cents a copy; Young Soldier, weekly, 2 cents a copy; Red Shield Report, occasional issues.

Victorian Order of Nurses for Canada (1897); 114 Wellington St., Ottawa, Ontario; Elizabeth Smellie, Chief Superintendent.

Membership: Organizations, 1 national and 103 local.

Activities: The Order is a national voluntary organization with the primary function of providing

skilled bedside nursing and general health teaching in the home. The service is provided on a cost per visit basis but there is a sliding scale and no one is refused service because of inability to pay. The service is available to all, regardless of race, color, or creed, but care is continued only under the supervision of a physician. Maternity service is a major feature, and includes prenatal instruction, assistance at home confinements, and aftercare daily to mother and baby. General nursing care and special treatments are given to medical, surgical, chronically ill, convalescent, or aged patients. Part-time industrial nursing is provided in a considerable number of small industries. Prenatal classes, child hygiene conferences, immunization clinics, and school nursing are carried on where not provided by an official agency. The staff consists of 455 graduate nurses with special training in public health nursing. Through traveling supervisors who visit the branches regularly in a consultative and supervisory capacity, the national office maintains a high standard of service.

Periodical: Forum, bimonthly, free.

Y.M.C.A.'s of Canada, National Council of (1912); 21 Dundas Sq., Toronto 1, Ontario; R. S. Hosking, General Secretary.

Membership: Individuals, 84,274; organizations, 80 local Associations.

Purpose: To support and coordinate the work of its member Associations, and to cooperate with them and with other national and international agencies in the fulfillment of the purpose of the YMCA as a world-wide fellowship of men and boys united by common loyalty to Jesus Christ for the purpose of building Christian personality and a Christian society.

Periodical: News Bulletin, 10 issues yearly, free.

Young Women's Christian Association of the Dominion of Canada, National Council of the (1893); 571 Jarvis St., Toronto 5, Ontario; Lillian Thomson, General Secretary.

Membership: Individuals, 38,357; organizations, 1 national and 44 local Associations.

Purpose: To lead young women into personal loyalty to Jesus Christ as Lord and Saviour, and into active membership in the church of their choice; to associate them in the development of their spiritual, intellectual, social, and physical well-being; and to make the Association a social force in the advancement of the Kingdom of God.

Periodical: YWCA Quarterly, 50 cents a year.

APPENDIX A

Note: The following list includes periodicals, other than U.S. Government periodicals, which appear in the bibliographies appended to topical articles in Part One. The publisher's name and address is given in each instance. All U.S. Government periodicals may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C. The reader is also referred to Part Two for periodicals published by agencies there listed.

- ADULT EDUCATION BULLETIN. Natl. Ed. Assn., Dept. of Adult Ed., 1201 16 St., NW., Washington 6, D.C. Bimonthly.
- ALCOHOL HYGIENE. Natl. Com. on Alcohol Hygiene, 2030 Park Ave., Baltimore 17. Bimonthly.
- AMERICAN ANNALS OF THE DEAF. Conf. of Executives of Amer. Schools for the Deaf (Frederick, Md.) in cooperation with Convention of Amer. Instructors of the Deaf. 5 issues yearly.
- AMERICAN BAR ASSOCIATION JOURNAL. 1140 N. Dearborn St., Chicago 10. Monthly.
- AMERICAN ECONOMIC REVIEW. Amer. Economic Assn., 450 Ahnaip St., Menasha, Wis. 5 issues yearly.
- AMERICAN INDIAN. Amer. Assn. on Indian Affairs, 48 E. 86 St., New York 28. Quarterly.
- AMERICAN JOURNAL OF MENTAL DEFICIENCY. Amer. Assn. on Mental Deficiency; Editor, Dr. Edward J. Humphreys, State Office Bldg., Columbus, Ohio. Quarterly.
- AMERICAN JOURNAL OF NURSING. Amer. Nurses' Assn., 1790 Broadway, New York 19. Monthly.
- AMERICAN JOURNAL OF ORTHOPSYCHIATRY. Amer. Orthopsychiatric Assn., 1790 Broadway, New York 19. Quarterly.
- AMERICAN JOURNAL OF PSYCHIATRY. Amer. Psychiatric Assn., 9 Rockefeller Plaza, New York 20. Bimonthly.
- AMERICAN JOURNAL OF PUBLIC HEALTH. Amer. Public Health Assn., 1790 Broadway, New York 19. Monthly.
- AMERICAN JOURNAL OF SOCIOLOGY. Univ. of Chicago Press, 5750 Ellis Ave., Chicago 37. Bimonthly.
- AMERICAN MAGAZINE. Crowell-Collier Pub. Co., Springfield, Ohio. Monthly.
- AMERICAN REVIEW OF TUBERCULOSIS. Natl. Tuberculosis Assn., 1790 Broadway, New York 19. Monthly.
- ANNALS OF THE AMERICAN ACADEMY OF POLITICAL AND SOCIAL SCIENCE. 3457 Walnut St., Philadelphia 4. Bimonthly.
- ARCHITECTURAL FORUM. Time, Inc., 9 Rockefeller Plaza, New York 20. Monthly.
- ARCHIVES OF NEUROLOGY AND PSYCHIATRY. Amer. Medical Assn., 535 N. Dearborn St., Chicago 10. Monthly.
- ATLANTIC MONTHLY. Atlantic Monthly Co., 8 Arlington St., Boston 16.
- BOLETIN del Instituto Internacional Americano de Proteccion a la Infancia. 18 De Julio 1648, Montevideo, Uruguay. Quarterly.
- BULLETIN of Amer. Assn. of Medical Social Workers. 1129 Vermont Ave., NW., Washington 5, D.C. 6 issues yearly.
- BULLETIN OF THE INSTITUTE OF PASTORAL CARE. Mass. General Hospital, Boston 14. Bimonthly.
- BULLETIN of the Johns Hopkins Hospital. Johns Hopkins Press, Baltimore. Monthly.
- BULLETIN OF THE NATIONAL ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS. Natl. Ed. Assn., 1201 16 St., NW., Washington 6, D.C. 8 issues yearly.
- BULLETIN of Natl. Univ. Extension Assn. Indiana Univ., Bloomington. Monthly.
- CAMPING MAGAZINE. Amer. Camping Assn., 343 S. Dearborn St., Chicago 4. Monthly Nov.-June.
- CATHOLIC CHARITIES REVIEW. Natl. Conf. of Catholic Charities. 1317 F St., NW., Washington 4, D.C. Monthly.
- CHANNELS. Natl. Publicity Council for Health and Welfare Services, 130 E. 22 St., New York 10. Monthly Sept.-June.
- CHILD STUDY. Child Study Assn. of Amer., 221 W. 57 St., New York 19. Quarterly.
- CHILD WELFARE INFORMATION SERVICE BULLETIN. See Social Legislation Information Service Bulletin.
- CHILD WELFARE LEAGUE OF AMERICA BULLETIN. 130 E. 22 St., New York 10. Monthly Oct.-July.
- CITIZEN CIO. Natl. CIO Community Services Com., 1776 Broadway, New York 19. 10 issues yearly. Discontinued Dec. 1946.
- COMMON GROUND. Common Council for Amer. Unity, 20 W. 40 St., New York 18. Quarterly.
- COMMUNITY. Community Chests and Councils, Inc., 155 E. 44 St., New York 17. Monthly Sept.-June.
- COMPASS. Amer. Assn. of Social Workers, 130 E. 22 St., New York 10. 6 issues yearly.
- CONFERENCE BULLETIN. Natl. Conf. of Social Work, 82 N. High St., Columbus 15, Ohio. Quarterly.
- CONFERENCE, THE MAGAZINE OF HUMAN RELATIONS. Natl. Conf. of Christians and Jews, 381 Fourth Ave., New York 16. Quarterly.
- CONNECTICUT STATE MEDICAL JOURNAL. Dr. Stanley B. Weld, 54 Church St., Hartford 3. Monthly.
- CRIPPLED CHILD. Natl. Soc. for Crippled Children and Adults, 11 S. LaSalle St., Chicago 3. Bimonthly.

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- CRISIS. Natl. Assn. for the Advancement of Colored People, 20 W. 40 St., New York 18. Monthly.
- ECONOMIST. Economist Pub. Co., 12 E. Grand Ave., Chicago 11. Weekly.
- EDUCATIONAL RECORD. Amer. Council on Ed., 744 Jackson Pl., Washington 6, D.C. Quarterly.
- EMPLOYMENT FORUM. Internat. Assn. of Pub. Employment Services, P.O. Box 1530, Dallas. Quarterly.
- FAMILY. See Journal of Social Casework.
- FORTUNE. Time, Inc., 9 Rockefeller Plaza, New York 20. Monthly.
- GERIATRICS. Amer. Geriatrics Soc., Minneapolis. Bimonthly.
- GROUP: IN EDUCATION, RECREATION, SOCIAL WORK. Amer. Assn. of Group Workers, 670 Lexington Ave., New York 22. 4 issues yearly.
- HEARING NEWS. Amer. Hearing Soc., 1537 35 St., NW., Washington 7, D.C. Monthly.
- HIGHLIGHTS. Family Serv. Assn. of Amer., 122 E. 22 St., New York 10. Monthly Oct.-July.
- HYGEIA. Amer. Medical Assn., 535 N. Dearborn St., Chicago 10. Monthly.
- INDUSTRIAL BULLETIN AND EMPLOYMENT REVIEW. N.Y. State Dept. of Labor, Albany. Monthly.
- INTERNATIONAL CONCILIATION. Div. of Intercourse and Ed., Carnegie Endowment for Internat. Peace, 405 W. 117 St., New York 27. Monthly Sept.-June.
- INTERNATIONAL LABOUR REVIEW. Internat. Labour Office, Montreal, Que. Monthly.
- JEWISH CENTER. Natl. Jewish Welfare Bd., 145 E. 32 St., New York 16. Quarterly.
- JEWISH COMMUNITY. Council of Jewish Federations and Welfare Funds, 165 W. 46 St., New York 19. 6 issues yearly.
- JEWISH EDUCATION. Natl. Council for Jewish Ed., 1776 Broadway, New York 19. 3 issues yearly.
- JEWISH OCCUPATIONAL BULLETIN. Jewish Occupational Council, 1841 Broadway, New York 23. Quarterly.
- JEWISH SOCIAL SERVICE QUARTERLY. Natl. Conf. of Jewish Social Welfare, 1841 Broadway, New York 23.
- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. 535 N. Dearborn St., Chicago 10. Weekly.
- JOURNAL OF THE AMERICAN STATISTICAL ASSOCIATION. 1603 K St., NW., Washington 6, D.C. Quarterly.
- JOURNAL OF CONSULTING PSYCHOLOGY. School of Library Service, Columbia Univ., New York 27. Bimonthly.
- JOURNAL OF CRIMINAL LAW AND CRIMINOLOGY (including American Journal of Police Science). Northwestern Univ. Law School, 357 E. Chicago Ave., Chicago 11. Bimonthly.
- JOURNAL OF EDUCATIONAL PSYCHOLOGY. Warwick and York, 10 E. Center St., Baltimore 2. Monthly.
- JOURNAL OF EDUCATIONAL SOCIOLOGY. Payne Educational Sociological Foundation, 32 Washington Pl., New York 3. Monthly.
- JOURNAL OF FARM ECONOMICS. Amer. Farm Economic Assn., care of Warren C. Waite, Div. of Agricultural Economics, Univ. Farm, St. Paul 8. Quarterly.
- JOURNAL OF GERONTOLOGY. Published for Gerontological Soc. by Charles C. Thomas, 301 E. Lawrence Ave., Springfield, Ill. Quarterly.
- JOURNAL OF HOUSING. Natl. Assn. of Housing Officials, 1313 E. 60 St., Chicago 37. Monthly.
- JOURNAL LANCET. Minn. State Medical Assn., 507 Essex Bldg., 84 S. 10 St., Minneapolis 2. Monthly.
- JOURNAL OF NEGRO EDUCATION. Bur. of Educational Research, Howard Univ., Howard Univ. Press, Washington 1, D.C. Quarterly.
- JOURNAL OF REHABILITATION. Natl. Rehabilitation Assn., State Capitol, Frankfort, Ky. Bimonthly.
- JOURNAL OF SOCIAL CASEWORK. Family Service Assn. of Amer., 122 E. 22 St., New York 10. Monthly Oct.-July.
- JOURNAL OF SOCIAL HYGIENE. Amer. Social Hygiene Assn., 1790 Broadway, New York 19. Monthly Oct.-June.
- LABOR LEAGUE NEWS. Labor League for Human Rights, A.F. of L., 10 E. 40 St., New York 16. Monthly.
- LABOR RELATIONS REPORTER. Bur. of Natl. Affairs, 2201 M St., NW., Washington 7, D.C. Weekly.
- LAMP. Amer. Com. for Protection of Foreign Born, 23 W. 26 St., New York 10. Monthly.
- LEGAL AID REVIEW. N.Y. Legal Aid Soc., 11 Park Pl., New York 7. Quarterly.
- LETTER TO MEMBERS. Amer. Pub. Welfare Assn., 1313 E. 60 St., Chicago 37. Monthly.
- MENTAL HYGIENE. Natl. Com. for Mental Hygiene, 1790 Broadway, New York 19. Quarterly.
- MODERN HOSPITAL. Modern Hospital Pub. Co., 919 N. Michigan Ave., Chicago 11. Monthly.
- MONTHLY SUMMARY OF EVENTS AND TRENDS IN RACE RELATIONS. Social Science Institute, Fisk Univ., Nashville 8.
- NATIONAL MUNICIPAL REVIEW. Natl. Municipal League, 299 Broadway, New York 7. Monthly.
- NEW REPUBLIC. Editorial Pub. Inc., 40 E. 49 St., New York 17. Weekly.
- NEWS LETTER. Amer. Soc. of Planning Officials, 1313 E. 60 St., Chicago 37. Monthly.
- NEWS-LETTER of the Amer. Assn. of Psychiatric Social Workers, 1790 Broadway, New York 19. Quarterly.
- OCCUPATIONAL THERAPY AND REHABILITATION. Amer. Occupational Therapy Assn., 33 W. 42 St., New York 18. Bimonthly.
- OCCUPATIONS: THE VOCATIONAL GUIDANCE JOURNAL. Natl. Vocational Guidance Assn., 82 Beaver St., New York 5. Monthly Oct.-May.
- OPPORTUNITY: JOURNAL OF NEGRO LIFE. Natl.

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- Urban League, 1133 Broadway, New York 10. Quarterly.
- OUTLOOK FOR THE BLIND AND THE TEACHERS FORUM. Amer. Foundation for the Blind, 15 W. 16 St., New York 11. 10 issues yearly.
- PARKS AND RECREATION. Amer. Institute of Park Executives, P.O. Box 422, Rockford, Ill. Bi-monthly.
- PROBATION. Natl. Probation Assn., 1790 Broadway, New York 19. 5 issues yearly.
- PROCEEDINGS OF THE NATIONAL CONFERENCE OF SOCIAL WORK. Published for the Natl. Conf. of Social Work by Columbia Univ. Press, New York 27. Annually.
- PSYCHIATRIC AID. Natl. Mental Health Foundation, P.O. Box 7574, Philadelphia 1. Monthly.
- PUBLIC AID IN ILLINOIS. Illinois Public Aid Comm., 201 Armory Bldg., Springfield. Monthly.
- PUBLIC HEALTH ECONOMICS. School of Pub. Health, Univ. of Mich., Ann Arbor. Monthly.
- PUBLIC HEALTH NURSING. Natl. Org. for Pub. Health Nursing, 1790 Broadway, New York 19. Monthly.
- PUBLIC OPINION QUARTERLY. Princeton Univ., School of Pub. Affairs, Princeton, N.J.
- PUBLIC PERSONNEL REVIEW. Civil Service Assembly of the U.S. and Canada, 1313 E. 60 St., Chicago 37. Quarterly.
- PUBLIC WELFARE. Amer. Pub. Welfare Assn., 1313 E. 60 St., Chicago 37. Monthly.
- QUARTERLY JOURNAL OF ECONOMICS. Harvard Univ., Cambridge, Mass.
- QUARTERLY JOURNAL OF STUDIES ON ALCOHOL. 4 Hillhouse Ave., New Haven.
- RECREATION. Natl. Recreation Assn., 315 Fourth Ave., New York 10. Monthly.
- S.C.A.A. NEWS. N.Y. State Charities Aid Assn., 105 E. 22 St., New York 10. Monthly.
- SCHOOL SOCIAL WORKERS BULLETIN. Natl. Assn. of School Social Workers, care of Florence Poole, Dept. of Guidance and Child Accounting, Public Schools Administration Bldg., Pittsburgh 13. 3 issues yearly.
- SCIENCE AND SOCIETY. 30 E. 20 St., New York 3. Quarterly.
- SOCIAL ACTION. Congregational Christian Churches, Council for Social Action, 289 Fourth Ave., New York 10. Monthly Sept.-June.
- SOCIAL FORCES. Univ. of N.C. Press, Chapel Hill. Quarterly.
- SOCIAL LEGISLATION INFORMATION SERVICE BULLETIN. 930 F St., NW., Washington 4, D.C. Approximately weekly while Congress is in session.
- SOCIAL SERVICE REVIEW. Univ. of Chicago Press, 5750 Ellis Ave., Chicago 37. Quarterly.
- SOCIOMETRY: A JOURNAL OF INTER-PERSONAL RELATIONS. Beacon House, 101 Park Ave., New York 17. Quarterly.
- SURVEY GRAPHIC. Survey Associates, Inc., 112 E. 19 St., New York 3. Monthly.
- SURVEY MIDMONTHLY. Survey Associates, Inc., 112 E. 19 St., New York 3.
- TEXAS OUTLOOK. Texas State Teachers Assn., 410 E. Weatherford St., Fort Worth 3. Monthly.
- VIRGINIA LAW REVIEW. P.O. Box 1355, Univ. Sta., Charlottesville. Quarterly.
- VISITING TEACHERS BULLETIN. *See* School Social Workers Bulletin.
- VOLTA REVIEW. Amer. Assn. to Promote the Teaching of Speech to the Deaf, 1537 35 St., NW., Washington 7. Monthly.
- WELFARE IN ACTION. Natl. Social Service Div. of the UOPWA, CIO, 1860 Broadway, New York 23. Monthly.
- WESTCHESTER MEDICAL BULLETIN. Westchester Co. Medical Soc., 171 E. Post Rd., White Plains, N.Y. Monthly.
- WORKERS EDUCATION NEWS LETTER. Workers Ed. Bur. of Amer., 1440 Broadway, New York 18. Monthly.
- YALE LAW JOURNAL. Drawer 401A Yale Sta., New Haven. Quarterly.

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Note: The index combines in a single alphabetical list titles of the topical articles in Part One, cross references to subjects discussed in these articles, names of agencies included in Part Two, and cross references to subjects with which these agencies are chiefly concerned. It is not a complete subject index of the contents of topical articles.

Among the cross references to topical articles are included a number of references to specific sections of these articles, indicating that the topic in question is discussed in the section mentioned. In these instances the title of the section is given and the number of the page on which it appears. However, where the title of the section is identical with the subject carrying the cross reference, the phrase "See in" is used instead of the section title. For example, the index entry "Child welfare services. *See in* Child Welfare, 97" indicates that a section entitled "Child Welfare Services" begins on the page number given.

Agencies in addition to appearing alphabetically and by subjects are also mentioned under the topics (usually the titles of topical articles) to which their work is significantly related. For example, the American Association of Schools of Social Work is listed alphabetically by that name and appears again as "Schools of Social Work, American Association of." It is also listed under the titles "Education for Social Work" and "Social Work as a Profession," indicating that it is one of the agencies particularly active in these fields. Some agencies with a variety of activities will be found under several titles. All titles are used in the meaning given to them in the corresponding topical articles.

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